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SOUTH CAROLINA
DEPARTMENT OF
MENTAL HEALTH

ANNUAL REPORT
1983-84



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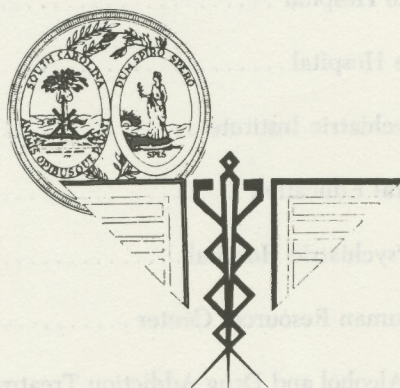


Printed Under the Direction of the
State Budget and Control Board

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

ANNUAL REPORT

1983-84



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TABLE OF CONTENTS

S. C. Mental Health Commission	3
SCDMH Executive Staff	4
Organizational Chart	6
Office of the State Commissioner	7
Office of General Council	10
Office of Public Affairs/Minority Affairs	12
Assistant State Commissioner	14
Division of Plans and Program Services	18
Division of Internal Audit	23
Division of Administrative/Human Resource Services	23
Division of Financial Services	34
South Carolina State Hospital	36
Crafts-Farrow State Hospital	39
William S. Hall Psychiatric Institute	60
Academy for Pastoral Education	73
G. Werber Bryan Psychiatric Hospital	75
C. M. Tucker Jr. Human Resources Center	84
Earle E. Morris Jr. Alcohol and Drug Addiction Treatment Center	89
Dowdy-Gardner Nursing Care Center	103
Byrnes Medical Center	111
Division of Community Mental Health Services	112
Statistics	148
Financial Statement	163

S. C. MENTAL HEALTH COMMISSION

C. M. TUCKER, JR., *Chairman* (retired 5/84)
Pageland

BERNARD WARSHAW
Walterboro

ELAINE T. FREEMAN
Spartanburg

E. A. HALL, JR.
Columbia

CAROL W. GARVIN
Aiken

C. ALEX HARVIN, JR.
Summerton

WILLIE G. BOULWARE
Rock Hill

WILLIAM L. POPE
(Appointed 5/84)
Columbia

JOHN M. FEWELL, M.D.
Commissioner Emeritus
Greenville

G. WERBER BRYAN
Commissioner Emeritus
Sumter

SCDMH EXECUTIVE STAFF

State Commissioner William S. Hall, M.D.

Assistant State Commissioner Racine D. Brown, Ph.D.

General Counsel R. Ken King

Deputy Commissioner R. Brooks Galloway
Div. of Administrative/Human Resource Services

Deputy Commissioner W. Russell Hughes
Div. of Plans and Program Services

Deputy Commissioner W. B. Floyd, C. P. A.
Div. of Financial Services

Deputy Commissioner O. Norman Evans, M.D.
Div. of Community Mental Health Services

Deputy Commissioner Alexander G. Donald, M.D.
Div. of Education and Research Services

Deputy Commissioner C. Edgar Spencer
Div. of Alcohol and Drug Addiction Services

Deputy Commissioner Charles N. Still, M.D.
Div. of Long Term Care Facilities

Superintendent Jaime E. Condom, M.D.
South Carolina State Hospital

Administrator Larry D. Leslie
South Carolina State Hospital

Superintendent Rufus E. Medlin, M.D.
Crafts-Farrow State Hospital

Administrator Claude C. Connelley
Crafts-Farrow State Hospital

Director Alexander G. Donald, M.D.
William S. Hall Psychiatric Institute

Assoc. Dir. for Administration Robert L. Parker
William S. Hall Psychiatric Institute (resigned 5/84)

Director Charles N. Still, M.D.
C. M. Tucker Jr. Human Resources Center

Administrator Robert G. Miller
C. M. Tucker Jr. Human Resources Center

Director C. Edgar Spencer
Morris Village

Administrator David C. Lever
Morris Village

Director D. Wayne Bickham, M.D.
Bryan Psychiatric Hospital

Administrator James Lucas
Bryan Psychiatric Hospital

Director Charles T. Gatch
Dowdy-Gardner Nursing Care Center

Administrator Harry E. Shaw
Dowdy-Gardner Nursing Care Center

Director John R. Simmons, M.D.
James F. Byrnes Medical Center

Administrator Dalmer P. Sercy
James F. Byrnes Medical Center

Administrator James P. Anderson
Patrick B. Harris Psychiatric Hospital

This Annual Report is an official publication of the South Carolina
Department of Mental Health.

*Director of Public Affairs/
Special Assistant for Minority Affairs* J. P. Neal, Jr.

*News Editor
Editor of Annual Report* Susan F. Craft

OFFICE OF THE STATE COMMISSIONER

FY 83-84 was a year of both progress and controversy. Progress resulted from the successful attainment of long-standing goals and the refinement of future objectives. Controversy ensued from the Legislative Audit Council's report of November, 1983. The audit report was met and dealt with positively.

The Mental Health Commission addressed allegations of patient abuse in a strong restatement of policy to indicate that neither the South Carolina Mental Health Commission, the Commissioner, nor the administration of the Department will condone or tolerate patient abuse or neglect in any shape or form. The Department emphasized long-standing stringent policies and rules governing patient abuse and active patient rights and patient advocate program which was implemented in 1975 in the interest of a safe, therapeutic environment for those patients in our care.

The agency prepared and distributed a formal response to the Audit Council's report. The Department also seized the opportunity to review the areas cited by the Council and carefully assessed the potential for improvement. The following examples represent actions taken by the Department's management:

1. Security Operations were improved through central administration of uniformed forces and investigations; public safety operations were placed under the supervision and administration of the South Carolina Law Enforcement Division (SLED).
2. The Department of Mental Health consolidated facility Boards of Inquiry into an agency-wide Clinical Standards Review Committee and encouraged representation from the Commission, the Office of the Governor's Ombudsman, the State Board of Nursing, and other persons with relevant expertise.
3. The Department of Mental Health supported the Council's recommendations to amend the law to provide criminal penalties for individuals possessing contraband on DMH campuses; this amendment was enacted during the 1984 legislative session.
4. The Department of Mental Health initiated new policies and procedures for key control for a more sound security system.
5. The Department of Mental Health developed a comprehensive reporting procedure for reporting incidents of theft, misuse of state resources, abuse, and other incidents with criminal implications to SLED.
6. New policies and procedures related to the handling and disposition of confiscated property were implemented.
7. Records of real property were updated in cooperation with the

Budget and Control Board.

8. Consolidation of DMH Food Services is targeted for 1984.
9. A new policy governing Departmental housing was developed.
10. Planning was begun for the consolidation of training programs for Mental Health Specialists.

In partnership with the Division of Health and Human Services of the Office of the Governor, the Department responded to the report of the Legislative Audit Council in a full and highly public manner. Numerous task forces and work groups have been formed, with representation from other state agencies, advocacy groups, professional associations, and private practitioners and organizations, to examine a plethora of issues raised by the Legislative Audit Council and to advise the Department on its plans which would address each issue. Many of the task forces and work groups have completed their work, with the results noted above, while others are continuing to function into 1984-85.

It is to the Department's credit that, despite these particularly stressful events, efforts toward major programmatic realignment of the agency have progressed, goals have been met, and on-going projects have been maintained.

Some of these include:

1. Establishment of the Continuum of Care for Emotionally Disturbed Children Project — a three-year inter-agency pilot project to coordinate services which are being provided for severely disturbed youths who are being treated by several different agencies.
2. Establishment of the SCDMH Academy for Pastoral Education — to consolidate pastoral education throughout the agency and to provide a unified curriculum for pastoral care training.
3. Certification by the S. C. Budget and Control Board relative to compliance with the 1981 S. C. Procurement Code — signifying excellence and expertise in procurement procedures.
4. Establishment of the Dowdy-Gardner Nursing Care Center — a 430 bed nursing care facility for patients 65 years of age and older currently hospitalized at other SCDMH facilities.
5. Establishment of the James F. Byrnes Medical Center, formerly a unit of S. C. State Hospital, as the medical-surgical facility to meet the acute care needs of physically ill patients in Department facilities and of inmates of the S. C. Department of Corrections.
6. Sponsored the S. C. State Hospital First Annual Family Day Celebration on May 19, 1984, to recognize and honor the invaluable contributions of families and friends to the care of patients.
7. Formation of a plan to explore and develop in the following areas:
 - a. Community based inpatient programs within general hospitals.

- b. Private psychiatric hospital treatment for patients who currently would be treated in Departmental institutions.
- c. Residential treatment/respite homes for 6-12 persons each for children and adults in communities across the State.
- d. Outpatient programs in community mental health centers which are specialized for demographic and diagnostic groupings (children, elderly, chronic, sensory-impaired, etc.).
- e. Socialization programs akin to the Fountain House model across the State to serve the young, chronic client.
- f. Expanded prevention programs throughout the State which have enhanced access to schools, churches, community organizations, and other groups of persons at risk for emotional/psychiatric problems.
- g. Effective rehabilitation programs, including vocational training, tailored to patient needs, in which the majority of patients in the State psychiatric hospitals would be actively progressing.
- h. Self-help groups which are effective yet consume few Departmental resources.

It was with deep regret on the part of both myself and the Mental Health Commission that Mr. C. M. Tucker, Jr., retired as Chairman of the South Carolina Mental Health Commission after 35 years of dedicated service to the State. Mr. Tucker is acknowledged to be a true gentleman who has given generously of himself, his time, and his talents, both personally and professionally, to the improvement of mental health in South Carolina and the nation. His able advice, counsel, and leadership shall be greatly missed by me and the entire Department.

It was with mixed emotions that during the Spring of 1984 I announced my plans to retire on June 30, 1985 upon attaining the age of 70 years. The next year will be spent winding down my association with the Department to assure a smooth transition and continuity in clinical services and administration. I am proud to have had a part in nurturing this agency over the past forty-six years of my life, and will observe with keen interest its continued growth and improvement.

OFFICE OF GENERAL COUNSEL

During the last year the Office of General Counsel provided in-house legal advice to all levels of Departmental administration and represented the agency in its numerous negotiations and legal proceedings throughout the State.

The attorneys' responsibilities included collecting statutory claims and liens through negotiation and litigation, monitoring the progress of legislation, representing the Department in employee/employer relations and

grievances, reviewing contracts, participating in the licensing of community care homes and providing the in-house legal support for the Attorney General or outside counsel in litigation such as medical malpractice, contracts and tort cases. During the last year the Office of General Counsel collected \$356,807.04 as a result of enforcement of claims, liens and forfeitures.

Activities in the patient rights area focused primarily on reviewing numerous patient rights issues originating from various sources, informally monitoring patient rights procedures and practices, and training Patient Rights Specialists and review committees in all facilities. A task force was appointed to update the patient rights program. The task force made a report the end of June, indicating that in order for the program to be effective, it will be necessary to obtain full-time advocates who report to the commissioner and perhaps others. Due to budget restrictions, this change in the program will be delayed until fiscal year 1985-86.

During the past year, the Attorney's Office has been actively involved in coordinating reports of abuse and neglect with the Governor's Office, Solicitor's Office and SLED. There have been several changes in the reporting procedures which were developed in cooperation with the above-named offices. In addition, a coroner's death reporting mechanism was developed and continues to be improved through input from various state agencies and officials.

A Clinical Standards Review Committee was appointed and is coordinated through the Attorney's Office. Personnel throughout the Departmental facilities are involved and have provided invaluable contributions. This committee has replaced the facility-level Boards of Inquiry. The Governor's Ombudsman and the State Board of Nursing have been actively participating as members of the committee.

A Departmental risk management program is being developed, and a new incident report form will soon be available for use on a trial basis. This new form should assist in identifying trends in various incidents in order to help decrease the occurrence of similar incidents.

The Attorney's Office has been working to improve the insurance coverages available under the professional and tort liability policies. Some improvements have been made and others will be forthcoming in October of 1984.

OFFICE OF PUBLIC AFFAIRS

The following constitutes the major activities, assignments, projects and general responsibilities of the Director of Public Affairs/Special Assistant to the State Commissioner for Minority Affairs:

1. Active leadership participation and direct consultation to the successful efforts of the agency's Cross Cultural Council and its annual conference. Personal and direct involvements at several levels of SCDMH about cross cultural issues and their values to mental health. Planning and execution activities with The Academy of Pastoral Education in its new developmental role. Special emphasis around cross cultural issues and mental health and the awareness of the therapeutic elements of the Black religious experiences.
2. Leadership participation in formal supervisory training exercises in Promoting Equal Opportunity. Developed policy and strategies on SCDMH Affirmative Action Plan for management.
3. Revitalized and structured the departmental Human Relations Council in order to carry out the Commissioner's mandate to manage positive interpersonal relationships and communications flow among patients and staff at all levels in SCDMH.
4. Established accountable measures to increase management's awareness and sensitivity to minority issues and concerns.
5. Involvement in the direct counseling and conflict resolution procedures around minority employees dissatisfaction. Worked in close concert with Personnel Director and the Personnel staff.
6. Active involvement with the agency's personnel management operations to enhance employee recruiting, applicant referrals, and successful job placement of minorities.
7. Visited and interviewed key personnel throughout the Department in order to build a better image and appreciation for the Office of Public Affairs and to increase the Director's orientation and general knowledge of the SCDMH. Established better linkages between facilities and the central public affairs operations.
8. Established positive relationships with the South Carolina General Assembly through regular visits and direct correspondence with legislators in behalf of SCDMH. Monitored and reviewed specific legislation relative to SCDMH.
9. Extensive involvement in community education in behalf of mental health through public speaking, personal contacts, consultancy and broad based exposures. Worked in close harmony with advocacy groups and support organizations such as the S. C. Mental Health Association, the United Fund, state and city Chambers of Commerce, and church organizations.

10. Interfaced with personnel and functions of the agency to bring about a better coordination of public relations, community education, and legislative affairs.
11. Represented the State Commissioner and the Assistant State Commissioner at conferences and meetings.
12. Extensive involvement and interaction with the electronic and print media in response to the very heavy demands over the past year. Handled press conferences, media visits, major press events, television news serials and newspaper features.
13. Interfaced with top level management on long and short term planning goals for the department. Developed strategies for day to day operations and policy implementations.
14. Participated in the overall management functions of the agency as member of a seven member Management Committee of SCDMH.
15. Developed a workable policy and procedure for media relations and broad based public information activities for a complex agency operations. Managed the policy and procedure on a day to day basis.

The following projects and assignments were completed by the Office of Public Affairs News Editor:

1. Published/edited IMAGES, the quarterly employee newsletter. This included research for stories, composing articles, editing articles submitted, taking photographs, layout and design, as well as coordination with the typesetters and the Print Shop.
2. Wrote and disseminated 32 news releases to the statewide media.
3. Coordinated Zoo Day for the Handicapped advanced notification for the sponsors, Mrs. Nancy and Senator Strom Thurmond. This included design and layout of fliers and mailing of these fliers to participating agencies and interested persons.
4. Updated SCDMH information for inclusion in the Legislative Manual.
5. Assisted MADD, Mothers Against Drunk Drivers, with location for their TV ad campaign.
6. Wrote speeches for Dr. William S. Hall and for South Carolina Mental Health Commission members.
7. Edited the SCDMH Weekly Bulletin.
8. Coordinated exhibit for 1983 Mental Health Association Annual meeting.
9. Handled requests by various civic, church and educational groups for speakers.
10. Handled requests for SCDMH information, brochures, pamphlets, and statistics.

11. Drafted Resolutions for use by the S. C. Mental Health Commission.
12. Handled media coverage for special events.
13. Took photographs and slides, kept photo, negative and slide files.
14. Kept up-to-date biographical data files on key personnel.
15. Kept extensive files on publications, letters, materials, laws, information of historical interest pertaining to SCDMH.
16. Chaired the SCDMH Outstanding Employee Selection Committee for 1984.
17. Acted as the SCDMH representative for the S. C. State Documents Depository Act.
18. Compiled, edited and prepared for publication the SCDMH 1982-83 Annual Report.

ASSISTANT STATE COMMISSIONER OF MENTAL HEALTH

ASSISTANT STATE COMMISSIONER OF MENTAL HEALTH

The Assistant State Commissioner, under the general supervision of the Commissioner, plans and directs the service program and administrative activities of the Department of Mental Health. Professional duties require the analysis of broad problems and the planning of inter-related service program activities.

The Assistant State Commissioner has direct supervision of the following:

- Division of Psychiatric Hospital Services
- Deputy Commissioner of Administrative/Human Resources Services
- Deputy Commissioner of Community Mental Health Services
- Deputy Commissioner of Financial Services
- Deputy Commissioner of Educational and Research Services
- Deputy Commissioner of Long Term Care Facilities
- Deputy Commissioner of Alcohol & Drug Addiction Services
- Director of Division of Plans and Programs Services
- Assistant Deputy Commissioner for Community Support and Emergency Stabilization Programs
- Director of Public Safety Services
- Director of Office of Budget Development

With the issuance of the report of the Legislative Audit Council, the Assistant State Commissioner and his office have been extensively involved in formulating activities and participating in those activities which brought about a positive and progressive response to the issues raised.

Extensive liaison with the Governor's Office, other agencies, and groups and individuals external to state government has been accomplished by this office in the activities.

The Office has continued in its primary responsibilities for directing the Departmental program realignment and accomplishing the activities associated with the five-year plan. As noted below, these accomplishments are detailed elsewhere in the report.

In conjunction with the State Commissioner of Mental Health, many major changes have been effected during this time. They are spelled out in detail in the Commissioner's Report and the reports from the areas over which the Assistant State Commissioner exercises direct supervision.

BUDGET DEVELOPMENT

FY 1983-84 was an extremely busy year from the standpoint of budgeting and planning. Throughout the year, this office was involved with measures taken by the agency to avoid a projected deficit. This situation was the result of a substantial shortfall of Medicaid revenues as well as escalating costs beyond the agency's control. A hiring freeze and limits on other (controllable) expenditures were used in conjunction with a \$800,000 Supplemental Appropriation to avoid the pending deficiency.

The Department's FY 1984-85 Budget Request was submitted in the Fall, 1984. Additional funds in the amount of \$9.3 million were represented. Included in this amount was \$2.0 million for Harris Psychiatric Hospital in Anderson. The Legislature approved State Appropriations for the Department of Mental Health in the amount of \$95,622,362 which included most of the agency's top priorities. As the agency continues to realign its services to appropriate levels of care and towards a community-based emphasis, it is apparent that many other critical needs exist.

COMMUNITY SUPPORT PROGRAM

The Department of Mental Health launched the Community Support Program (CSP) on July 1, 1983. The goal of the program was to reduce the number of long-term (one year or more) residents of the psychiatric hospitals by 400. Over 500 patients were targeted for potential discharge. Of those, 256 patients were discharged in FY 1983-84 and currently 233 of these patients continue to reside in the community.

Goal achievement of 64 percent is attributable to time required for program start-up, processing social security applications, a limited number of residential beds in certain areas of the State, and the extensive rehabilitation efforts to prepare these long-term patients for community living.

Additional staff were hired to process social security applications,

1

mental health centers are actively engaged in recruiting and developing community care homes, and training in psychiatric rehabilitation methods has been on-going for hospital and center staff. A psychiatric rehabilitation program teaching self-care, social, and daily living skills is now operating at Crafts-Farrow State Hospital and a similar program is being developed at South Carolina State Hospital.

The initiation of the CSP this past year has necessitated extensive training and retraining of staff, the development of a new concept of the scope of treatment responsibility for people who have a chronic mental illness, and the development of new treatment methods. A federal grant has contributed significantly in assisting to meet these challenges. Training began and is on-going in case management, family and patient support, self-help and education, outreach, and psychiatric rehabilitation concepts, methods, and programs.

In addition, linkages between the hospitals and community mental health centers have improved significantly. Through monthly meetings policy issues are addressed; problems, needs, and solutions are dealt with; and discharge planning for patients is discussed.

The culmination of rehabilitation program initiatives, training, and continued hospital/center working relationships should result in another 300 to 400 discharges in the 1985 fiscal year.

EMERGENCY STABILIZATION PROGRAM

During Fiscal Year 1984, the Department's goal was to reduce emergency admissions by 20 percent or 1,193 admissions. Emergency admissions were reduced by 750, achieving 63 percent of the goal. A factor in this achieved performance is that the development of a responsive 24 hour per day, 365 days per year emergency system is a major programmatic endeavor and reasonably could not be expected to function comprehensively in a start-up year. Another factor limiting goal achievement in this program is that commitment to the psychiatric hospitals can be effected without the required involvement of the community based mental health center.

Consequently, centers have focused on community education so that the public will identify the center as the primary resource in psychiatric emergencies. Also, centers have developed crisis beds through contractual agreements with community care homes in certain catchment areas, focused on patient and family education to prevent emergencies, and strengthened relationships with local physicians and hospitals to develop alternatives to state inpatient care.

Three centers exceeded the reduction goals for their areas by 15 to 68 percent. Three centers achieved greater than 85 percent of their goals,

five centers achieved better than 50 percent of their goals, and the remaining six centers achieved less than 50 percent of their goals. All 17 catchment areas reported fewer emergency admissions than in the previous fiscal year.

Centers will continue to focus on community education and the development of local alternatives to state hospitalization to continue the downward trend in emergency admissions over the next fiscal year. Training and technical assistance in methods, models, and other technologies available in treating psychiatric emergencies will be made available during Fiscal Year 1985. Continued efforts will be put forth to involve general hospital emergency rooms, community physicians, and others in the development of a comprehensive emergency stabilization system.

PUBLIC SAFETY SERVICES

Since June 1983 Public Safety Services has consolidated into three divisions, Northeast District (Crafts-Farrow State Hospital, G. Werber Bryan Psychiatric Hospital, Earle E. Morris Alcohol and Drug Addiction Treatment Center, Dowdy-Gardner Nursing Care Center, and the Autistic School), Central District (S. C. State Hospital, Project COIL, William S. Hall Psychiatric Institute, C. M. Tucker Human Resources Center, and the Autistic School), and the Office of Public Safety Services (Director, Investigations, Records Section, and Fire and Safety).

The Public Safety Division was successful in certifying several of our officers through the Criminal Justice Academy. This year our officers completed 2,000 hours of training.

The Public Safety Office continued to experience an increase in the number of assist and transportation of court cases. In FY 1983-84 there were 41,000 calls answered, and 275,000 driving miles were logged. A number of searches were conducted as a result of the contraband law and over 300 reports written on contraband. 408 summons, 1,000 warning tickets, and 1,300 decals were issued. With the assistance of the Public Safety Office over 500 criminal records checks have been done for the Personnel Section within the South Carolina Department of Mental Health.

The Investigation Section of Public Safety is responsible for investigating complaints stemming from all mental health facilities including the 17 mental health centers and their satellites. The investigative section had over 400 cases to investigate and nearly all of them were cleared within a sixty day period from the date of occurrence.

The Fire and Safety Coordinators of Public Safety have held numerous safety inspections, and fire drills. Fire and safety orientation classes for new employees have been held and during these we have shown various fire safety films for in-service classes.

Our goals for next year: (1) qualify all Public Safety Officers in CPR and to have each officer certified by the Criminal Justice Academy; (2) selection of a training coordinator to study the future training needs of the Public Safety Division; (3) implement a forty hour in-service training school which will include handling upset patients, patrol procedures, report writing, legal matters, and first aid, (4) election of a crime prevention officer within the Division; (5) and implementation of a crime analysis process to more accurately identify problems in problem areas within the facilities.

DIVISION OF PLANS AND PROGRAM SERVICES

In January 1984 a Director of Plans and Program Services was employed to coordinate Department planning and program development and direct the following program offices:

- Office of State Plans and Grants Development
- Office of Primary Prevention
- Office of Youth Services
- Office of Mental Health Services for the Aging
- Office of Volunteer Services
- Office of Statistics and Research

A major effort of the division was a statewide needs assessment which surveyed over 5,000 individuals and organizations across the State. Review of the results in conjunction with a demographic analysis of every county assisted the Mental Health Commission, State Plan Advisory Council, and Department staff in beginning the process for a five-year plan.

Having a full-time Director of Plans and Program Services has enhanced communications within the Division and facilitated a concentrated effort in program development by Division staff and in Departmental facilities. Planning and development coordinators have been identified in each center and inpatient facility of the Department to ensure a fully integrated five-year implementation plan.

Accomplishments of each office in the Division are detailed below.

Office of State Plans and Grants Development

During 1983-84 the Planning Section continued with the responsibility of developing and/or revising Memorandum of Agreements (MOA's) with other agencies, both State and Federal. The C. O. N. program has three applications which were completed (C. M. Tucker, Jr. Human Resources Center, Farmer and McClendon).

The following programs are currently in process: Outpatient Commu-

nity Mental Health Services Quality Assurance Standards; Medicaid Contract for Clinic Services Option program which has recently been revised to include both core and optional services at a reimbursement rate commensurate with the private sector rates; negotiations are still in the process with the Department of HUD for housing for the chronically mentally ill.

During the year the Planning Section has made progress in becoming more involved in Congressional action, especially as it relates to Mental Health programs and the termination of psychiatrically disabled individuals from the SSDI/SSI roles.

Office of Primary Prevention

Budget limitations have not allowed for the replacement of a Primary Prevention Coordinator or for expanded programs, but several programs have continued during Fiscal Year 1983-84.

In collaboration with the Office of Youth Services, there has been a significant focus on the pre-school child in two areas: (1) The Governor's Child Development and Early Education Council to foster basic child development resources in Health and Education, and (2) Increasing public awareness and enhancement of state resources for the child age 0-3; e.g. increasing state information on the needs of this population group for key state leaders and increased training programs for state professionals.

In-service education programs were offered throughout the year including such topics as Stress Management, Wellness, Time Management, Weight Control, Recreational Activities, and Nutrition and Education consultation. The entire Department promoted and participated fully in the State's Wellness Week. Part of those efforts included the annual Health Fair in April of 1984, 253 people participated in health screenings at Crafts-Farrow State Hospital.

Office of Youth Services

Youth (age 0-17) are provided outpatient and consultation services in over 50 community mental health offices. Four State facilities provide residential treatment services: substance abuse (Morris Village Young Adult Program); psychiatric hospitalization (S. C. State Hospital for ages 6-17; acute psychiatric services age 16 & 17 in Bryan Psychiatric Hospital from Piedmont Region); psychiatric professional training and research (William S. Hall Psychiatric Institute). Special programs include Autistic Children's Program; specialized Children and Youth Staff Development Programs; Therapeutic Foster Care; Therapeutic Nursery School; Programming for age 0-3 group, etc.

Major accomplishments during 1983-84 include:

- New Community Mental Health Standards for child and youth services in each center.
- Funding for an additional 12 adolescents in Community Treatment Homes through collaboration with the Department of Social Services.
- Agreements between the Department of Mental Health and child serving agencies, such as S. C. Department of Youth Services.

The Department continues to collaborate closely with State incentives:

- Governor's Children's Case Resolution Committee: State Commissioner William S. Hall, M.D. represents the S. C. Human Services Coordinating Council on this group of five members seeking resolution for children considered inadequately served by State agencies.
- Governor's Children's Coordinating Cabinet: provides State policy and resolution of policy issues for children's services.
- Governor's Child Development and Early Education Council and Advisory Committee: to stimulate State resources by private and public enterprises to better serve the preschool child.
- Continuum of Care Policy Council and Pilot Program: as one of nine Council partners, the Department of Mental Health collaborates to develop and operate a "model" to serve seriously emotionally disturbed children in a continuum of care integrating mental health, corrections, public education, welfare, mental retardation, and State government resources. The Pilot Project has been initiated and successfully completed its first year.

Mental Health Services for the Aging

This Office provides technical support and assistance to the Community Mental Health Centers and to organizations both in the public and the private sectors. Its director represents the Commissioner and the Department on various state councils, on interagency committees and on various Governor's committees, the latest of which was the Governor's Resource Panel, Implementations Committee Chairman for the Community Services Options section.

Another function of this Office is to provide training to personnel within the Department and to other State agencies. A goal for the decade is that all Community Mental Health Center staff who work with the elderly mentally ill clients understand the comprehensiveness of geriatric mental health services and the use of assessment tools specific to the aged. In order to receive clinical training in geriatrics, this Office developed a geriatric in-service training curriculum. Through a joint effort between this Office and William S. Hall Psychiatric Institute (WSHPI), the initial training course will be repeated at WSHPI with psychiatric residents in

the teaching roles. The 42-hour curriculum includes teaching case conferences, lectures, reading, discussions and practical application. Centers will have the opportunity to send staff to this course over future years.

The Geriatric Specialists, graduates from the first training course, were constituted into an Advisory Council as an on-going state body to provide this Office with active input into recommending future services for the mentally ill elderly. In turn, this Office is dedicated to developing the Advisory Council as an effective constituency for guiding elderly services in their Community Mental Health Centers.

The first section of a Handbook has been completed and distributed to each Center and satellite. *Mental Health Services for the Aging* has been issued to serve two purposes: (1) to answer, "What are mental health services for the unwell elderly?"; and (2) to provide Community Mental Health Center staff with a ready resource on working with the mentally ill elderly clients. Sections will be forthcoming on community services, emergency stabilization, residential treatment programs, and the development of Neighborhood Families. Further, an expanded second edition of *Promoting Caregiver Support Groups* was completed during the year as a result of requests from the community. The therapeutic community was initiated to enhance mental health services to regressed elderly patients on a ward in Crafts Farrow Psychiatric Hospital. The program is entering its second phase and changes are beginning to occur in structuring the treatment and services as well as in improving the physical environment. Significant changes are continuing through the dedication of the Crafts Farrow staff.

Office of Volunteer Services

During FY 83-84 the Department of Mental Health averaged 956 volunteers who contributed a total of 41,296.5 hours. At the \$6.50 per hour wage scale recommended by VOLUNTEER (National Center for Citizen Involvement), the Department's volunteer hours are valued at \$268,427.25.

In November, the Office of Volunteer Services and the Academy for Pastoral Education co-sponsored a Convocation held at the Chapel of Hope at South Carolina State Hospital, which focused on the significant role the Church can have in building a viable community support system for people who have suffered from mental illness. Approximately 180 clergy and volunteers attended. The Convocation "show cased" volunteer programs that have proven successful, stressed the need for building community resources and included time for regional resource evaluation and planning.

January of 1984 marked the beginning of the development of the Department of Mental Health's first Pet Therapy Program. The thera-

peutic value of pets was recognized and guidelines established. Volunteers from the Society for the Prevention of Cruelty to Animals were recruited and trained. They began visiting one facility weekly and plans are being made to expand to other facilities during the next year.

This Office continued to provide consultation and training to staff and volunteers and to encourage the expansion of volunteer opportunities. New training materials were developed as well as a standard Identification Badge for all volunteers.

Coordination with the Mental Health Association in South Carolina continues to be an integral part of program planning efforts. In March of 1984, a workshop, Enhancing Your Public Relations Skills, was held to provide mental health center volunteer coordinators, Consultation and Education staff and Mental Health Association volunteers information on developing public relations skills and opportunities for contacts. In addition, the Office of Volunteer Services worked with the Mental Health Association's Anniversary Committee to plan volunteer beautification efforts at South Carolina State Hospital and with the Volunteer Services Committee to organize a volunteer tour of in-patient facilities to be held in July for the purpose of assessing volunteer needs.

Recognition of volunteers is an important part of a successful program. Each facility and mental health center provided recognition to volunteers during the year and Mrs. Althia Worthy and Mrs. Maude Lawrence of the Orangeburg Area Mental Health Center were selected as the Department's Outstanding Volunteers for 1984. The winners and runners-up were introduced to the Mental Health Commission in June and presented plaques. Mr. Walter Brown of the South Carolina State Hospital was also recognized for his Outstanding Staff Support to volunteers which is vital to the success of volunteer programs.

Office of Statistics and Research

The section operates and maintains the Hospital Patient Statistical System and the CMHS Client/Staff Information System. From these two systems the section produces routine monthly, quarterly, and yearly reports for various users in and outside the Department. The section processes 151 specialized hospital data requests, 181 special CMH data requests, and 17 special projects within the past year. These requests required 387 man-hours to complete. The section processes and analyzes annual client satisfaction surveys for CMHS. The section assists the CMH Quality Assurance section in monitoring its standards for centers and clinics.

The Hospital Patient Statistical System was completely rewritten during the past year and went into full operation on July 1, 1984. The Department now has more information on hospital patients and the

operation and maintenance of the system is faster and more efficient.

DIVISION OF INTERNAL AUDIT

DIVISION OF INTERNAL AUDIT

With limited resources, the Division of Internal Audit continued to provide management consultation to all levels of departmental administration. The audit coverage was concentrated primarily within the seventeen Community Mental Health Centers and Clinics. As a result, numerous recommendations were made to strengthen internal accounting controls at the Centers and Clinics.

Audit services were also provided to the Central Warehouse, the Pharmacies and the Canteen operations. Additionally, the Division was instrumental in detecting and establishing evidence of several cash defalcations by departmental employees. The Internal Audit staff assisted the State Auditor's Office and The Toomey Company in their assessment of the Department's management system and its internal accounting controls.

Quarterly meetings were held with the Audit Committee (South Carolina Mental Health Commission) to discuss and report significant findings and recommendations articulated in audit reports. This form of reporting proved to be essential in maintaining and enhancing the independence of the audit function.

With the support of the Audit Committee, the Division was able to increase its human resources with an additional staff auditor. This addition allowed the Division to increase its audit coverage and thereby reduce the Department's risk exposure.

DIVISION OF ADMINISTRATIVE/HUMAN RESOURCE SERVICES

Personnel Services and Records Activities:

In 1984, a total of 356 service emblems were awarded to those employees who had reached the 10, 20, or 30 year milestone during the 1983 calendar year.

In the Division of Administrative Services, Division of Planning and Programs, and Division of Financial Services, 14 ten-year emblems, 2 twenty-year emblems, and 2 thirty-year emblems were awarded for 1983.

A total of 901 employees terminated from employment during the fiscal year 1983-84. The annual rate of turnover, based on an average of 5,121 employees, was 17.6%. This represents a 1.1% decrease in turnover. The re-employment status, based on the reasons for Separation from

Employment during Fiscal Year 83-84 is shown in Chart I.

A total of 238 Workers Compensation claims were processed through the State Fund Office during fiscal year 1983-84. Of this total, 235 were regular claims, 3 were processed for medical bills.

The following is a breakdown of total claims paid out:

Total Paid Out	\$632,031.60 regular claims
	\$ 241.50 medical only
Total paid out for lost time	\$156,550.97
Other	\$259,047.03

CHART I

Reasons for Separation from Employment during Fiscal Year 1983-84 (6-17-83 to 6-16-84)

A. 01. Maternity	04
02. Returned to school	51
03. Lay off of surplus employees	00
04. Better pay, non-state	28
05. Better opportunity, non-state	58
06. Better working condition, non-state	08
07. Going into business for self	21
11. Different job with state, different agency	50
12. Job eliminated and/or reduction in force	05
13. Moved out of job area	95
14. Military service	12
15. Termination of temporary contract	31
16. Other (explanation in remarks)	76
49. Personal, did not take another job	64
B. MIGHT NOT REHIRE EMPLOYEE	
50. Resigned voluntarily, but mediocre working results	07
51. Ill health	41
52. Difficulty with fellow employees, but resigned voluntarily	00
53. Excessive absence, tardiness, or discipline problem, but resigned voluntarily	12
54. Difficulty with supervisor	00
55. Misconduct	00
56. Violation of rules	07
57. Refused transfer	00
58. Discontent with salary	00
59. Discontent with work	05
60. Other (explanation in remarks)	43
C. WOULD NOT REHIRE EMPLOYEE	
68. Other (explanation in remarks)	26
69. Abandonment of position	39
70. Unsatisfactory working results, but resigned voluntarily	09
71. Unsatisfactory working results, discharged	18
72. Difficulty with fellow employees, but resigned voluntarily	01
73. Difficulty with fellow employees, discharged	00
74. Excessive absence, tardiness, or discipline problem, but resigned voluntarily	07
75. Excessive absence, tardiness, or discipline problem	21

76. Difficulty with supervisor	01
77. Misconduct	02
78. Violation of rules	63
79. Refused transfer	00
D. OTHER	
80. Deceased	08
81. Retired	72
83. Retired for disability	13
84. Never reported to work (new hire)	03
TOTAL	901

Personnel Actions Involving Employee Changes Totaled 4,232 as follows:

1. Promotions	271
2. Reassignments	1,210
3. Transfers	256
4. Demotions	13
5. Leave Without Pay	295
(Including Maternity LWOP)	
6. Change in Name	110
7. Change in Hours	60
8. Salary Adjustment	01
9. Extension of Probationary Period	00
10. Reclassification	305
11. Position Status Change	23
12. Reinstatement	08
13. Return from Leave Without Pay	153
(Including Maternity LWOP)	
14. Dual Employment	91
15. Amended Actions	68
16. Change in Social Security Number	02
17. Pay Grade Reallocation	52
18. Funds Adjustment	425
19. Position Title Change	07
20. Appointment	82
21. Termination	127
22. Miscellaneous	673
(Call Back Pay, Slot Number Changes, etc.)	
TOTAL	4,232

Of this total 1,968 actions were generated by computer services.

A total of 3,534 insurance applications were processed during the fiscal year and are as follows:

Pilot Life Group Insurance	121
Group Optional Life — Metropolitan Life	586
Piedmont Health Care	11
Blue Cross-Blue Shield Hospitalization	<u>2,816</u>
TOTAL	3,534

Public Relations

The departmental Employee Relations Manager held 296 individual counseling sessions which involved 91 employees. In addition to individual counseling, there were several meetings with supervisors and other facility officials.

The departmental Employee Relations manager held monthly meetings with the Facility Personnel Representatives to discuss new and/or changes to existing departmental and state policies; fund raising campaigns sanctioned by the Department; specific individual facility employee relations problem areas and mutual employee relations functions. Occasionally, representatives from other sections of the departmental Human Resource Services Office were invited to these meetings to impart knowledge on current issues within their areas of expertise.

There were forty-nine step one and twenty-four step two grievances held within the Department. There were fifteen step two decisions that were appealed to the State Employee Grievance Committee. Ten of these fifteen are still pending. There were two step two decisions that were appealed to the State Employee Grievance Committee that were resolved through the mediation process without hearings.

Employees of the Department filed nine complaints with the S. C. Human Affairs Commission and the United States Equal Employment Opportunity Commission. These complaints necessitated the compilation of enormous amounts of data and generated several meetings with these agencies.

The SCDMH conducted the annual United Way Campaign during the months of September, October and November, 1983. A goal of \$35,672.62 was assigned to the Department (20.70% more than the amount contributed last year). A total of \$22,209.49 was contributed during the campaign for 62.25% of the assigned goal.

The SCDMH conducted its Annual Good Health Appeal Campaign during the months of March, April and May, 1984. Employees of the Department contributed a total of \$7,688.68. This amount is \$5,277.55 more than last year's contributions.

Classification-Competition Section

Eighteen different studies were conducted by the Personnel Office in conjunction with the State Personnel Division. Those studies involved

approximately 300 employees and approximately 65 classification changes.

The state merit increase program was discontinued for fiscal year 1983-84.

The state longevity program was continued. Classified employees who were at the maximum of their paygrade and had not received a salary increase for the past twenty-four months, other than base pay (general) increases, were eligible for a five percent longevity increase. (See chart)

The Employee Performance Management System was implemented during this fiscal year, replacing the Performance Appraisal system. All employees and supervisors (raters) were required to attend training seminars to become familiar with the new procedures.

Personnel actions involving approximately 2,264 employees were prepared on departmental employees. Those actions included reclassifications, promotions, transfers, etc.

EMPLOYEE PERFORMANCE MANAGEMENT SYSTEM ANNUAL REPORT

<i>Facility</i>	<i>Exceeds</i>	<i>Meets</i>	<i>Total</i>
DOAS	33	237	270
SCSH	134	669	803
CFSH	142	807	949
DGNCC	4	69	73
BPH	29	320	349
BMC	31	124	155
WSHPI	21	128	149
CMTHRC	5	174	179
MV	23	88	111
SP	15	68	83
CMHS	<u>158</u>	<u>453</u>	<u>611</u>
TOTAL	595	3,137	3,732

LONGEVITY INCREASE ANNUAL REPORT

<i>Facility</i>	<i>Total Number of Increases Per Facility</i>
DOAS	28
SCSH	131
CFSH	104
DGNCC	8
BPH	19
BMC	23
WSHPI	31
CMTHRC	38
MV	8
SP	11
CMHS	<u>41</u>
TOTAL	442

EMPLOYMENT ACTIVITIES

Human Resources Employment Operations actively participated in recruiting and hiring qualified individuals for the Department. Human Resources Employment Operations' efforts in the Nurse recruiting area included 12 trips to different schools of Nursing in South Carolina, Georgia and North Carolina. During the fiscal year 1983-84 a total of 205 R.N.'s and L.P.N.'s were employed by the Department, an increase of 11% over last year. Also the Department was represented at the South Carolina Student Nurses Association Annual Meeting in Myrtle Beach, S. C., the Georgia Association of Student Nurses Annual Convention in Savannah, Ga. and the North Carolina Student Nurses Annual Convention in Charlotte, N. C.

Human Resources Employment Operations conducted a total of 9,546 interviews, an increase of 27% over last year, resulting in the employment of 987 people, an increase of 19% over last year. In addition, 360 certificates of eligibles were requested from the Interagency Merit System for Community Mental Health Services, an increase of 68% over last year.

The Job Line Service, an automatic telephone answering system with a recorded announcement of all job vacancies available 24 hours per day, 7 days a week, answered 20,207 calls. The system of posting the vacancy list in the facilities and in the weekly Job Available listing was continued. This along with the Job Line has allowed many employees the opportunity to apply for higher level positions and thus obtain upward mobility and career advancement. Human Resources Employment Operations also coordinated an extensive advertising campaign for R.N.'s and L.P.N.'s, consisting of weekly advertisements in the local papers and national

advertisements for specialty positions.

	<i>Interviews Conducted</i>	<i>Number of People Employed</i>	<i>Total</i>
July	899	128	1,027
August	811	115	926
September	825	135	960
October	888	85	973
November	705	86	791
December	404	71	475
January	911	76	987
February	402	59	461
March	535	44	579
April	360	53	413
May	717	41	758
June	<u>1,102</u>	<u>94</u>	<u>1,196</u>
Total	8,559	987	9,546

DEPARTMENTAL SERVICE OPERATIONS (SUPPLY AND SERVICES — WAREHOUSE)

These operations encompass the operation of a Central Warehouse for all stock items of the Department of Mental Health and maintenance of the Property System of the Department of Mental Health for buildings, land and major movable property.

Responsibilities include the technical supervision of thirteen Facility Supply Points, which includes four major Pharmacies, for supplies and thirteen Property Control Points for major movable equipment. This Branch also maintains and monitors the property of the Division of Community Mental Health, which encompasses seventeen Mental Health Centers with fifty-seven Satellite Offices and six Autistic Children's Facilities.

Major highlights of the Fiscal Year operations are listed below:

Inventory of supplies, major movable and fixed equipment located in the Farmer Building, State Park Complex, which was transferred to the Department of Mental Health by the Department of Health and Environmental Control was accomplished and added to the Property Records of the Department of Mental Health. This involved the appraisal of the property to ascertain fair market value for approximately eighteen thousand (18,000) separate line items.

Establishment of two major Supply Points, Dowdy-Gardner Nursing Care Center and Pharmacy, G. Werber Bryan Psychiatric Hospital was accomplished.

Property Control Points were also established for four (4) additional functions as follows:

Public Safety Services	
Physical Plant Services	
Dowdy-Gardner Nursing Care Center	
Continuum of Care	
Central Warehouse:	
Receipts	\$2,590,408
Issues	\$2,416,020
Meat Products and Frozen Foods:	
Receipts	\$1,044,310
Issues	\$1,019,044
Total Receipts	\$3,634,718
Total Issues	\$3,435,064

Comparison of total issues versus total receipts indicates inventory control and turnover objectives are being exceeded.

In addition to the above commodities, the Department of Mental Health has received or has firm commitments for receipt from the United States Department of Agriculture through the Food Distribution Division, South Carolina State Department of Education during the Federal Fiscal Year October 1983 through September 1984, commodities as follows:

Twenty-one *food items* totaling 30,051 cases, bags and boxes with a dollar value of \$723,416. This represents a modest increase in dollar value of commodities received over prior Fiscal Year. These commodities are received at no cost to the Department of Mental Health.

Disposal of Salvage Property and Scrap accomplished during this Fiscal Year netted the Department a total of \$15,028.

PRINT SHOP

The Print Shop, a departmental service operation, serves the entire agency, all facilities as well as the Community Mental Health clinics and centers.

Printing of flat forms, multi-part carbonless forms, stationery and envelopes, training and educational materials, manuals, booklets, brochures and publications are examples of our requirements.

Production statistics for the year were 10,187,202 impressions printed on offset presses and 1,260,812 impressions duplicated on a xerographic duplicator. These figures represent an approximate 40% increase in press production and an overall shop increase of 37% over last year. In addition,

overall shop utilization (manpower and equipment usage) average is approximately 81%.

FORMS CONTROL SECTION

The Forms Control section manages in excess of 1,650 numbered forms for use within the SCDMH.

The forms unit generates new forms, makes revisions to existing forms, and also provides composition and layout services for numerous other in-house publications.

Additionally, the SCDMH Centrex telecommunications system is managed from this section, with a total of 1,227,758 inventoried telephone lines. Subsequent responsibility includes all telephone activity and billing, submission of updated materials for the Centrex directory, city telephone directory and publication of the departmental telephone directory.

MICROFILM/RECORDS MANAGEMENT

In December 1983, the Department contracted with an outside filming service to microfilm records. Since that time the volume of hard copy records has been reduced by 400 cubic feet generating 433 rolls of quality microfilm. This is well below production requirements, however, the production volume is expected to increase before the end of the year. Facilities included in the microfilm system are Byrnes Medical Center, Columbia Area MHC, Pee Dee MHC, and Piedmont MHC. The microfilm staff has started preparation of over 600 cubic feet of records for SCSH and CFSH which date as early as 1959. Filming of these records has already been initiated along with financial records in the Patients Personal Affairs area that will be converted into a microfilm jacket system. The necessity of microfilm is making its way to all areas of the Department. With assistance from the Department of Archives and History, the Records Management staff has maintained proper Retention/Disposition Schedules that has enabled departmental personnel to dispose of records on a timely basis or microfilm records according to agency regulations and the Public Records Act.

STAFF DEVELOPMENT PROGRAM

Staff Development continued its current focus, offering management/supervisory training and addressing current priorities of SCDMH. The current management/supervisory curriculum involves eight separate courses ranging from six to twenty-five hours. A total of twenty-five supervisory/management courses were conducted this year.

To facilitate the transition to new payroll and timekeeping systems,

Staff Development coordinated six programs to train all persons responsible for the timekeeping function. In addition, seven other courses were constructed to meet emerging priorities ranging from "Awareness of Deafness" to "Recreational Activities For The Chronically Ill Patient", specifically designed to aid the long-term care staff of SCDMH and the boarding home staff of S. C.

Staff Development continued to offer other priority courses such as a Training of Trainers for the Prevention and Management of Aggressive Behavior program, as well as ten courses in Cardiopulmonary Resuscitation. The latter included special classes for physicians and classes to recertify persons previously trained. The LPN/ADN program has been maintained to continue to increase the number of licensed nursing personnel available to a department.

The Office of Staff Development has been heavily involved with the Department's response to the March 28th tornado disaster. In addition to efforts to facilitate the Department's administrative response to this disaster, this office has actively been involved in training programs for community mental health personnel in care-giving skills to disaster victims.

LICENSING SECTION

During this reporting period, a continued steady growth has been apparent. The Licensing staff has licensed 16 new facilities this year, taking the increase from 182 facilities to 198 facilities. The breakdown consists of the following:

<i>No. of Facilities</i>	<i>1982-83 Year</i>	<i>Beds</i>	<i>No. of Facilities</i>	<i>1983-84 Year</i>	<i>Beds</i>
83	Community Care Homes	740	100	Community Care Homes	1004
14	Veterans' Homes	126	11	Veterans' Homes	112
8	Children's Homes	252	5	Children's Homes	226
	Private Psychiatric				
3	Hospitals	226	4	Psychiatric Hospitals	234
0	Speciality Hospitals	0	1	Speciality Hospitals	32
74	Alcohol/Drug Facilities	451	77	Alcohol/Drug Facilities	337
33	Potential Facilities	—	36	Potential Facilities	—
182	Total	1795	198		1945

Facilities Lost:

- Hick's Community Care Home (One Facility)
- Kelly's Community Care Homes (Two Facilities)

There are now 36 potential new facility applications in the file. These are in the Licensing process now and most of them have been visited by our staff for initial inspections. During the year only 3 facilities were lost in various parts of the state.

Deinstitutionalization efforts throughout the central institution system

are continuing with a steady workload and the CSP Program is focusing on release of some 350 plus patients for the fiscal year 1984-85. This continues to put a priority on additional Community Care Homes throughout the state. Most of the new facility beds established this year have few vacant beds and it is estimated that between 35 and 40 new homes must be established within this fiscal year to accommodate earmarked residents. During the 1982-83 year, the earmarked 400 patients designed for release did not occur and only roughly 230 residents were actually discharged to Community Care Homes during that year.

An increase of Alcohol and Drug Addiction Outpatient Facilities have added to the number of licensures for Alcohol/Drug Facilities in this past year. This may bring to light a number of addicted individuals who will need inpatient care within the next few years.

The Licensing staff has been in the process of rewriting Community Care Home Regulations since August of 1982. The present draft which was completed during the month of August 1984, was to be reviewed by several affected agencies and that review was not complete due to a number of bills going through the Legislative process. Shortly after the first of the year, it is understood that the new Regulations will be reviewed and possibly finalization will occur in the first few months of the new calendar year.

During the latter part of the 1983-84 fiscal year, the new minimal standards for licensing of psychiatric hospitals were approved and are presently in use.

At the time of this writing, a survey is being taken of all of the Mental Health Center Catchment Areas, Crafts-Farrow and State Hospital to determine the number of patients who will be released to the Community Care Homes in the coming year. It is expected from present projections, that these will probably verify the need for some additional 350 beds during the year.

PHYSICAL PLANT SERVICES

Physical Plant Service completed its first year of operation as a consolidated Departmental entity on June 30, 1984. During this first year, fiscal year 1983/84, five (5) permanent improvement projects were completed and five (5) remain outstanding; these are scheduled to be completed during 1984/85.

The field staff performed a survey of all Departmental buildings to determine deficiencies and the related improvements that are required. Based on the information compiled through the survey and in conjunction with the programmatic future and needs of the Department, a six year permanent improvement construction/renovation plan was developed and submitted to the Joint Bond Review Committee for approval.

The goals for the future are to continue to support all areas of the Department in a manner that will be responsive to the overall goals and needs of the Department of Mental Health.

DIVISION OF FINANCIAL SERVICES

DIVISION OF FINANCIAL SERVICES

Accounting

Fiscal 1984 has been another year of change for the Accounting Section. Beginning July 1, vendor payments were made through the State Comptroller General's disbursement system and on January 1, payroll checks were switched to the Comptroller General. Plans for Fiscal 1985 include a change over in pay dates to the first and sixteenth of the month and improvements in the vendor disbursement system to decrease the time required to process payments.

Budget Control

The Budget Control Section was established in November 1982. The purpose of the section is to make projections of agency revenues and expenditures; to prepare monthly analyses of these projections; to assure that proper authorization for these expenditures has been approved by the Budget and Control Board if it is not in the Appropriations Act; and to review all major contracts of the agency.

Business Office

The Business Office has provided better accountability through separation of duties between asset physical custody and accounting records. Among functions performed are collection and receipting of all cash receipts for the facilities, disbursement of agency funds, and receipting and distribution of mail for the Administration Building.

Cost Accounting

Automation greatly improved the efficiency of Cost Accounting. Not only were the federally required Annual Medicare and Medicaid Cost Reports submitted over 4 months earlier than in '83, but for the first time, 2 interim cost reports were filed during the year to aid the department with its cash flow problems.

It is the goal of Cost Accounting to continue this trend of more timely and accurate cost reports and studies in Fiscal 1985.

Computer Services

The Computer Services Branch consists of the Systems and Program-

ming Section, the Technical Support Section, and the Computer Operations Section, and handles all centralized data processing activities for the Department.

The function of the Systems and Programming Section is to design, program, and implement computer programs and systems to perform business applications and to gather and make available patient information.

An Insurance Receivables System was developed and much work was done to enhance the collection of data on patient benefits. Work continues to be done in refining the interfacing of our Financial Management System and the Statewide Accounting and Reporting System (STARS). The Property Inventory System was completely redesigned and rewritten. Another major job accomplished was the revision of the Payroll/Personnel System to enable it to interface with the Comptroller General's Payroll System.

The Technical Support Section provides technical assistance and training to both the Systems and Programming Section and the Computer Operations Section. It also provides technical advice throughout the Department regarding information technology systems.

The Computer Operations Section utilizes programs and systems to enter, store, retrieve and process information and make it readily accessible for use by other components of the Department. This Section operates from midnight Sunday through noon Saturday of each week. The Computer Operations Section is responsible for all data processing equipment. The Computer System now consists of an IBM 4341-2 CPU with eight megabytes of memory, and a disk storage capacity of 2,470 megabytes. There are now 57 terminals and 13 remote printers attached to the system.

Patients Personal Affairs

The major objectives of the Patients Personal Affairs Section are: (1) to obtain maximum financial benefits available to our patients, and (2) to maximize collections for patient care from legitimate sources. During the year this Section worked closely with Departmental facilities and Department of Social Services in establishing maximum Medicaid benefits due both psychiatric and nursing home patients.

Procurement

Early in Fiscal Year 83-84, this office was certified by the State Budget and Control Board to make procurements as follows: Pharmaceuticals—\$1.6 million; Medical Supplies and Equipment—\$400,000; other—\$15,000. This has resulted in a more efficient turnaround time for requestors, but has added considerably to our workload. We have also established a "primary vendor" contract to provide substantially all

pharmaceuticals to our facilities through a single vendor. It will be at least one year before we will be able to evaluate the cost effectiveness of this proposition.

Our mental health centers have been designated to make purchases of up to \$2,499.99, however, due to the complexity of the process, a majority of them elect to use this office for all procurements. We are administering procurement of all goods and services for The Continuum of Care. As this is a new entity, it has required considerable attention in the last half of this fiscal year. We anticipate that we will continue to be heavily involved with this project in Fiscal Year 84-85.

Organizational changes within the Department are impacting upon this office also. We continue to interpret the South Carolina Consolidated Procurement Code and guide SCDMH personnel in its application.

SOUTH CAROLINA STATE HOSPITAL

SOUTH CAROLINA STATE HOSPITAL

Fiscal year 83-84 was a year of continuing change in the South Carolina State Hospital. The SCDMH has initiated new programs and redefined the missions of existing facilities with the result that S. C. State Hospital is in a period of transition from a large general psychiatric hospital to a more specialized smaller facility.

Problems are being experienced due to shortages in resources and rising expectations from the community. Decreases in the number of patients have been planned as a means of improving staffing. This strategy was successful during the first six months of fiscal year 83-84 as the census was reduced by 150 patients but an increase in admissions from January, 1984, through June, 1984, has slowed the reduction.

For the coming fiscal year, major changes are projected due to the opening of Harris Psychiatric Hospital. This new facility will receive many patients now admitted to S. C. State Hospital. Other changes are also projected in the form of a major reorganization of S. C. State Hospital into smaller units designed to serve identified groups within the patient population. This reorganization should result in more effective treatment and responsive management.

Goals for Fiscal Year 83-84:

1. *Maintenance Accreditation by the Joint Commission on Accreditation of Hospitals:* A survey by the Joint Commission on Accreditation of Hospitals took place in January, 1984. This survey was based upon contingencies identified in the 1983 survey. The Joint Commission notified the facility by letter in May of 1984 that because of serious problems

in nurse staffing an additional contingency was being placed on the facility. At the close of the fiscal year, the shortage of registered nurse staffing constituted a threat to continued accreditation by the Joint Commission.

2. *Demonstrate compliance with requirements for continued Medicare certification:* A successful survey by the National Institute of Mental Health was conducted in August 1983. Certification was maintained as a result. An additional building was certified in March, 1984, for the purpose of providing care to persons over 65 years of age. This new program has been financially beneficial but challenging in terms of meeting the special needs of this patient group.

3. *Provide Effective Treatment in the Least Restrictive Environment for All Patients:* As measured by the discharge rates among patients who have been hospitalized more than six months, this goal was partially realized through the Community Support Program. Long term patients have been discharged to community services. We cannot state that all patients are currently receiving optimum treatment and this will remain as a continuing goal.

4. *Develop, Implement and Maintain a Comprehensive Quality Assurance Program for the Facility, Each Clinical Discipline, Treatment Unit, and Administrative Support Department:* A Quality Assurance Program for each of these components was developed during the fiscal year. The Quality Assurance Program was found to be in substantial compliance with Joint Commission standards and although improvements may always be possible, this goal was met.

5. *Develop and Implement a Facility Risk Management Program Which Will Relate to all Required Areas and Which Will Coordinate With the QA Program:* A Risk Manager was employed and assigned to form a facility Risk Management Program. A subcommittee of the Quality Assurance group has been appointed to review all risk management issues. A new incident reporting system is currently under development.

6. *Achieve Staffing Complement of all Clinical and Support Service Programs Sufficient to Meet at Least Minimal Standards of Quality Care:* A facility approved staffing pattern has been developed. Additional staffing needs were communicated to the S. C. Mental Health Commission. Unfortunately, due to very limited resources, the staffing plan has not been implemented. Additional funding has been granted for fiscal year 85-86.

7. *Accomplish Discharge of Patients at the Earliest Appropriate Point When Inpatient Care is no Longer Required:* Although a substantial number of patients were discharged appropriately through the Community Support Program and other programs, the degree of census reduction

was not sufficient to permit the closing of buildings. This was due primarily to an admission increase which continued from January, 1984 through June, 1984.

8. *Develop Observation Evaluation, Treatment and Discharge Planning for the Adolescent Unit to Insure That all Patients Assigned to This Unit Receive Appropriate Services:* The Child and Adolescent Unit has received top priority by hospital administration but there continued to be significant problems during the fiscal year. Many of the problems relate to the physical environment and staffing and plans are under way to gain physical space and to increase staffing.

9. *Provide Effective and Efficient Services for Persons Referred for Forensic Evaluations:* Due to the absence of a permanent director for the Forensic Unit, as well as a shortage of forensic psychiatrists, it was not possible to meet this goal within the fiscal year. Under present reorganization plans, this goal may be more fully achieved in fiscal year 84-85.

10. *Accomplish Administrative Separation of Medical/Surgical Unit:* This separation occurred officially in October of 1983.

Goals for Fiscal Year 84-85:

1. *Complete Renovation of Cooper Building to House Consolidated Forensic Program:* It is the goal of this facility that during fiscal year 84-85 the Cooper Building will be renovated and the Forensic Program will be moved entirely into the Cooper Building. Additional objectives are the hiring of a security force and implementation of a safe and therapeutic environment for the Forensic Program.

2. *Expansion of Child and Adolescent Program to Provide Clear Cut Differentiation Between Services for Mentally Ill and for Those With Antisocial/Behavior Problem Disorders:* The SCDMH has obtained funding to expand the program to include an additional building and to increase the staff. This will permit the separate housing of patients with differing problems.

3. *Final Reorganization of S. C. State Hospital into Distinct Program Units Based on Levels of Care:* The facility will be reorganized into the following units during the fiscal year; Admissions, Child/Adolescent, Mental Retardation, Management, Structured Living, Intermediate, Intensive Rehabilitation, Forensic Unit.

4. *Revision/Streamlining of Medical Record Documentation Requirements to Enhance Quality of Documentation and to Increase Efficiency:* All Medical Record documentation requirements will be reexamined to eliminate any unnecessary documentation and to make the remaining documentation more relevant and meaningful.

5. *Coordinate Treatment Programing With Establishment of Appropriate Alternate Care Placement as Part of CSP:* All appropriate patients

will be discharged through the Community Support Program. Patients identified for the Community Support Program will be individually assessed to determine specific needs for successful community placement. The results of this assessment, as well as any suggestions for additional community program resources, will be communicated to appropriate SCDMH staff.

6. *Fully Implement Patient and Family Education Service:* The Patient and Family Education Service will be fully operational in the Ensor Building. Referrals will be generated from all appropriate patient groups. This program will focus on needs of recently admitted patients and their families to provide essential information about psychiatric symptoms, treatment and coping skills. This training is expected to enable patients and families to manage effectively with reduced need for frequent rehospitalization.

7. *Expand Utilization of the Unit Dose System of Drug Distribution:* As of July 1, 1984, the unit dose system was fully operational only in the admission unit. During fiscal year 84-85 the system will be expanded to include at least the Child and Adolescent Unit. Planning and preparation will proceed toward exclusive utilization of unit dose during fiscal year 85-86.

CRAFTS-FARROW STATE HOSPITAL

SUPERINTENDENT'S OFFICE

The year at Crafts-Farrow State Hospital has been one of constantly occurring change. It has been a year of reorganization and has been accompanied by much frustration. In spite of this, Crafts-Farrow has been able to reach two of the three big goals that we set at the beginning of the year.

Because of the current economic upheaval and crisis in health care financing, many hospitals over the state are closing beds. Because of the newly established prospective payment rules with its DRG's, hospitals are more selective of patients they keep. Consequently, Crafts-Farrow has begun to receive more and more inappropriate admissions. Over the first six and a half months of this calendar year there has been a 35% increase in the number of admissions over the same period of 1983. When this occurs at the same time that we are losing staff to other facilities, many staff have resigned to take better jobs else where, and we are now discharging less than 50% of our admissions, it is very frustrating. We have more patients and less staff to service them with.

Crafts-Farrow has not been able to retain RN's, and has not been able to recruit needed RN's and many RN's have left. This has left us with the

reality of losing accreditation for Medicare/Medicaid funds unless we have a veritable miracle. Added to our shortages in nursing are our shortages in other disciplines. Psychology, Activities, Occupational Therapy, Physical Therapy, Social Work and Registrar, all have personnel shortages that will make it impossible to maintain accreditation by NIMH.

With these frustrating problems it is most difficult, if not impossible to set any kind of realistic goals. You cannot accomplish goals unless you have the personnel to accomplish your goals with.

Goals for 1984-85:

1. With the Department of Mental Health resolve the issue of care for newly admitted patients requiring skilled level of care.
2. Insist that Byrnes Medical Center be properly equipped and staffed to provide for the acute care needs of Crafts-Farrow and Department of Mental Health.
3. Complete building, staff and programmatic changes necessary to get the Mental Retardation Program underway.

QUALITY ASSURANCE DIVISION

The Hospital Quality Assurance Department continues to work at its main goal of *quality care* for our elderly patients by coordinating efforts by all disciplines to upgrade services, documentation, and standards of care throughout the hospital.

The department works at identifying problems through the monthly Ward Programs and use of Problem Identification/Solution forms, investigating and prioritizing these problems. Many recent problems have involved situations created by budget constraints, personnel and bed shortages which cannot be resolved by our individual hospital. These have been directed to the SCDMH Commissioner and Board for their consideration.

All new admissions to CFSH are reviewed through the use of concurrent review. Special studies relating to appropriateness of admissions and problems of proper placement for our patients are ongoing.

This department has continued to coordinate the large transfers of our physically frail, geriatric patients into more appropriate settings.

One hundred sixty-seven CFSH patients have been transferred to the Dowdy-Gardner Nursing Care Center this year. Eighty-four skilled care patients were moved to the Fewell Pavilion at Tucker Center, and an additional thirty-seven patients have been placed in the Roddey Pavilion at that facility. Plans for additional regrouping are underway presently and will be carried out in the coming year.

EMPLOYEE RELATIONS DIVISION

Employee Relations continued to provide employee services consisting of interpreting policy statements, directives, rules and regulations; employee counseling and processing benefit forms.

Employee Performance Management System training workshops were held for all new supervisors. Fifty-two supervisors participated in six EPMS workshops.

Policy clarification and rule orientation sessions were held during interdepartmental inservice training. These sessions were beneficial in providing employees an opportunity to question misinterpretations and receive clarification and a better understanding.

Crafts-Farrow State Hospital Footnotes (employee publication) was published on a limited basis due to budgetary limitations.

Service award pins and certificates were awarded to 54 employees who completed 10 years service; 12 employees who completed 20 years service; and 8 employees who completed 30 years of service.

Twenty-one employees retired during this fiscal year with combined service totaling 411.

Participation in fund drive continued. Employees contributed \$4,549.40 to the United Way Campaign and \$2,773.78 to the Annual Good Health Appeal.

Three blood drives were held. Donor contributions continued to be very low — an average of 24 donors per drive.

VOLUNTEER SERVICES DIVISION

The past year at Crafts-Farrow was one of transition and changes that affected the Volunteer Services Division, volunteers, patients and all disciplines. Reduction in census, closings of buildings, and transfers of patients to community homes, other facilities or different wards made it necessary for many volunteer groups to be reassigned to new areas and different patients. The Volunteer Group Coordinator worked with group chairmen and ward personnel to achieve a spirit of understanding and encouraged volunteers to continue their service to patients.

There was an overall increase in the number of volunteers, number of hours contributed, and more variety in the types of jobs performed by volunteers. Some volunteers chose clerical duties and were assigned to Medical Records and other office areas. New programs involved use of USC Presbyterian students in the Psychiatric Rehabilitation Program, Pastoral Care students in the Chaplaincy, Alcoholics Anonymous in Social Services and Pet Therapy in Activity Therapies. Retirees and former patients joined the volunteer program by operating the clothing store. Continuation of bus trips by volunteer drivers provided opportunities for

patients to travel into the community for sightseeing and social events.

The Volunteer Services Clothing Store, serviced by donations from throughout the state, furnished personal clothing at no cost to a greater number of patients than during any previous year.

Contributions from volunteers made possible family memberships to the Zoo, \$420.00 for refreshments on bus trips, Christmas and birthday gifts, bingo prizes, grooming aides, coffee urns, newspaper subscriptions and magazines.

The annual Health Fair, chaired by a volunteer, brought in 12 community volunteers, 10 retirees and 50 staff volunteers.

During May, which was Mental Health Month and Volunteer Month, volunteers were honored at the Voluntary Action Center Recognition Luncheon and a Lace House reception given by all Department of Mental Health Volunteer Services and Mid-Carolina Mental Health Association. Governor Riley awarded certificates to two volunteers for: (1) Outstanding Community Service and (2) Outstanding Human Service. A retiree volunteer was honored by the South Carolina Mental Health Commission as 1st runner-up for the Department's Outstanding Volunteer for 1984.

Total number of volunteer hours given during the year — 9201.

During the coming year Volunteer Services will continue to operate with a very positive attitude. Plans are already underway for two new programs, one for the Deaf and Hearing Impaired and the other dealing with the possibility of using Pre-Trial clients as volunteers.

PROFESSIONAL SERVICES

Professional Services at Crafts-Farrow State Hospital has continued to work to improve multidiscipline patient assessments and services. Patients have been assessed and grouped according to their programmatic needs to the degree that available staff and buildings would permit.

Patients in the Medical Service IMD have been assigned to the administrative and clinical supervision of the Dowdy-Gardner Nursing Care Center (DGNCC). The Board and Care Service of the Psychiatric Rehab Service has been closed to maximize the utilization of staff. Mentally Retarded patients have been grouped into Buildings 6, 13 and 18 and plans are to renovate Buildings 14 and 16 to accommodate 118 of the mentally retarded patients.

The Special Studies re-appropriateness of admissions and reasons patients remain in the hospital have been modified to improve their accuracy. Plans are to provide this computerized information along with classification of patients to the responsible persons for proper responses and planning.

Continuing Education has continued to receive high priority and under

the direction of Dr. Spencer Ackerman, Staff Development and Training Specialist III, has continued the Statewide Annual Geriatric Program directed to physicians and approved CME Cat. I credit. In addition, response to needs as identified by Quality Assurance and peer review has brought about inservice programs and a regular monthly Pharmacy Inservice.

Resident conferences and the CPC programs were approved for AMACME Cat. I credit and special programs were arranged by pharmaceutical companies under the direction of the Chief of Resident Care Service. Special programs were developed to help staff learn to properly manage the new mentally retarded patients transferred from SCSH and a special program was developed on Therapeutic Milieu for Shand Building. Primary Prevention efforts included programs on rape prevention, weight control and coping group, painting with Ilona, and Health Fair, 1984.

NIMH recommended that we develop a distinct part for review in October, 1983, because staff shortages were severe enough to preclude approval of the entire hospital. As a consequence the Admission building (3 wards) and Shand Building (4 wards) were identified and approved, but the rest of the hospital lost certification, December 15, 1983. A great effort was made to get certified patients into the certified wards and non-certified patients were notified of their status.

McLendon Clinical Center was closed, patients not yet able to be transferred to DGNCC were sent to BMC for care.

Plans are that acute medical care will be available at BMC. ICF and skilled care patients without behavior or psychiatric problems will be available at C. M. Tucker. ICF and skilled care with behavior or psychiatric problems as well will be available at DGNCC.

Clinical services at McLendon Clinical Center is in a period of transition. X-ray and dental services are under BMC supervision, ophthalmology clinic, speech and hearing and physical therapy continues to operate as before and medical consultations are obtained on the patient's wards as needed.

Transportation of patients needing transportation in a supine position is being provided by Capital Ambulance Service, patients needing emergency treatment are transported by Richland Emergency Medical Service. Other transportation needs are being evaluated through Quality Assurance and are being provided by the Department of Mental Health, North East Cluster.

The CSP program continued working toward discharging patients with long standing mental problems and the patients being referred to the Psychiatric Rehab Program required more and more supervision. Plans were modified to increase program orientation and structure to accom-

moderate patients with these increased needs.

A continuing emphasis was to have Probate Court hearings held at CFSH. This year 437 were held here and 334 were held in the patients' home counties.

During the year there were 889 admissions, 671 discharges, 111 transfers in and out, and 216 deaths.

Our census July 1, 1984 was 993 and our bed capacity was 968.

We have been forced to close wards as patients and staff were transferred to outside special programs (Tucker Center and DGNCC).

We are currently operating at a 102% bed usage explained by the fact that 60 of our patients are receiving treatment at BMC.

This extreme bed shortage has put a great pressure on staff to properly transfer patients to needed programs and continue accepting newly admitted patients to Crafts-Farrow State Hospital.

INTENSIVE PSYCHIATRIC PROGRAM

The Intensive Psychiatric Program provides intensive psychiatric treatment services for patients at Crafts-Farrow State Hospital and consists of the Acute Psychiatric Unit (Building #1) and the Long Term Psychiatric Unit (Shand and Davis Buildings). The Acute Psychiatric Unit serves as the admissions unit of the hospital. This unit provides a complete mental and physical assessment for each newly admitted patient. This includes diagnosis of problems present, development of an individual treatment plan, classification for the most appropriate treatment level of care, and short term therapy for stabilization or correction of problems identified.

Those patients needing long term intensive psychiatric hospital treatment are transferred to the Long Term Psychiatric Unit for further care. Throughout the treatment period, the patients are assessed regarding the need for continued psychiatric hospital treatment and reclassified as indicated for the most appropriate area to provide continued care for their special needs.

RESIDENT CARE SERVICE

Resident Care Service at Crafts-Farrow State Hospital has been under drastic changes because of accepting young Mentally Retarded patients from South Carolina State Hospital and transferring elderly patients with some behavior problems to DGNCC. This would also mean the closing of four buildings and losing doctors and nursing staff.

PSYCHIATRIC REHABILITATION PROGRAM

The Psychiatric Rehabilitation Program is ending its first year of

development and operation at this writing. During this year staff have been; identified, assigned to the program, and trained through participation in a twenty hour course on specific treatment techniques and an ongoing process of program development, training, and implementation.

The patient criteria for entry into the program are that he or she be: continent, ambulatory, able to handle an open ward, free of court charges, not dangerous to self or others, medically stable, not in need of skilled nursing care, and psychiatrically stable. This all adds up to a person who needs training in the activities of daily living (self care, basic housekeeping, and social skills) and may need assistance in changing some behavior patterns that are disruptive or unpleasant but not dangerous. They must be psychiatrically stable enough to be safe and able to learn but may exhibit behaviors associated with delusions or hallucinations.

In this year of formation the Psychiatric Rehabilitation Program has discharged 157 patients (138 to alternate care facilities and 19 to project COIL or their home). Of these 75 were "CSP" patients out of a total of 102 for all of Crafts-Farrow State Hospital, the Psychiatric Rehabilitation Program is responsible for approximately 80% of the Community Care Home placements for Crafts-Farrow State Hospital. There have been fewer than 12 patients readmitted to Crafts-Farrow State Hospital who were discharged from this program. One third of those discharged had been hospitalized less than one year, one third for from one to five years, and one third from five years to about sixty years.

The Psychiatric Rehabilitation Program started the year with five stated goals:

1. To assess patients' strengths and weaknesses, focuses on behaviors key to success in planned placements.
2. To design ward procedures which encourage patients to be responsible for improving.
3. To have staff involved in teaching patients to function rather than "taking care" of them.
4. To enhance communications with Community Mental Health Centers and other community resources.
5. To discharge successfully 200 CSP patients.

Goals 1, 2, 3, and 4 have been substantially met and goal 5 has been met by 50%.

NUTRITIONISTS

The nutritionist's function is to assist with developing and evaluating food service for patients by providing nutritional assessments and counseling for the patients and patient's families. The nutritionists supervise the

Therapeutic Diet Kitchen which provided 464,349 special diets to CFSH, BPH, MV and DGNCC.

Inservice programs were provided by the nutritionists for Food Service, Social Service and Nursing Service throughout the year. A diabetic class was implemented for patients and a Weight Control Class was provided for employees. The annual Food Acceptance Survey was conducted and new menus were completed to include suggestions from patients and employees.

RADIOLOGY SERVICE

Workload: There was a decrease in our workload this year due to the diminishing average daily census here at Crafts-Farrow State Hospital. The number of patients received from Morris Village was also down from the prior year.

Personnel: A technologist resigned this year, therefore, the position was abolished due to the decrease in workload. This makes two positions lost due to attrition in the past two years. The following positions are authorized and are presently filled:

Authorized Personnel

Positions

1	X-Ray Technologist Supervisor II
2	X-Ray Technologist II
1	X-Ray Technologist I

Equipment: The x-ray units located in Rooms 1 and 2 continue to function satisfactorily regardless of their age. The film processor and the Picker portable x-ray unit are in excellent condition. Equipment repairs amounted to \$939.56. The Computerized Electrocardiograph unit is also in excellent condition.

Supplies: Expendable supplies for radiology cost \$16,664.29 and ECG supplies cost \$258.00.

Silver Recovery: South Carolina Department of Mental Health received \$2,204.97 from our silver recovery program.

Summary: This department no longer operates as a part of Crafts-Farrow State Hospital, instead a smooth transition to Brynes Medical Center was made in the Spring of this year.

With a decrease in our workload resulting in a decrease in our staff we continue to provide each patient with optimal patient care.

Our equipment, while showing some age, continues to operate reasonably well with minimal expenditure for maintenance.

McLENDON CLINICAL CENTER RADIOLOGY SERVICE

I. RADIOLOGICAL WORKLOAD 493K0-A000:

	Midlands Center	Morris Village	Bryan's Psychiatric Hospital	McLendon Clinical Center	Crafts-Farrow	Total
Number of Patients X-Rayed	19	648	811	482	3,013	4,973
Number of X-ray Procedures	24	706	1,068	546	3,561	5,905
Number of Exposures	49	1,153	2,862	915	6,839	11,818

II. TYPE OF PROCEDURE:

Code Procedure

70110 Mandible complete		1	3		3	7
70136 Mastoids complete			1			1
70151 Facial Bones	1	1	8	2	25	37
70169 Nasal Bones		1	5	1	8	15
70201 Orbits complete		2	5	1	7	15
70227 Paranasal Sinuses		4	16		11	31
70243 Sella Turcica		1	1		2	4
70268 Skull complete	2	7	217	10	170	406
70342 Temporomandibular Joint		1			3	4
70383 Salivary Gland						
70995 Chest, 70 MM						
71001 Chest, Single View	7	443	408	354	1,952	3,164
71019 Chest, Two View		15	27	3	77	122
71027 Chest, Four View			1			1
71035 Chest Fluoro		1			1	2
71100 Ribs Unilateral		15	13	5	31	64
71118 Ribs Bilateral			3		7	10
71126 Sternum		1			1	2
72058 Cervical Spine	2	11	10		26	49
72074 Thoracic Spine		4	2	1	16	23

	Midlands Center	Morris Village	Bryan's Psychiatric Hospital	McLendon Clinical Center	Crafts-Farrow	Total
72082 Thoraco-Lumbar		2			6	8
72108 Lumbar-Sacral Spine		20	22	7	68	117
72116 Lumbar spine with Obliques					4	4
72173 Pelvis AP Only			2	2	28	32
72199 Sacro-Iliac Joints			1		3	4
72223 Sacrum & Coccyx		1	1		4	6
72454 Clavicle		1	1	1	7	10
72462 Scapula			1		4	5
72470 Shoulder	1	19	17	8	75	120
72504 Humerus		1	5	4	14	24
72520 Elbow	1	8	17	4	31	61
72553 Forearm	1		17	3	29	50
72587 Wrist complete	1	16	35	4	71	127
72595 Hand	3	11	52	3	81	150
72603 Fingers		29	24	3	61	117
72991 Hip		4	9	24	192	229
73031 Femur			2	1	31	34
73049 Knee		26	34	9	102	171
73064 Tibia & Fibula		3	5	6	33	47
73080 Ankle		19	24	5	76	124
73098 Foot	1	17	18	7	82	125
73122 Os calcis		5	2		3	10
73205 Toes	1	7	4		19	31
73502 Abdomen, Single View	2	1	13	37	75	128
73510 Abdomen, Three View	1	2	1	2	12	18
73551 Esophagus		3	1	7	4	15
73569 Upper Gastro-intestinal		1	23	5	45	74
73585 Small Bowel					1	1
73601 Barium Enema		1	5	10	16	32
73619 Barium Enema and Air Contrast						

	Midlands Center	Morris Village	Bryan's Psychiatric Hospital	McLendon Clinical Center	Crafts-Farrow	Total
73635 Cholecystography		1	2	1	15	19
73726 I.V.P.				2	24	26
73734 I.V.P. Hypertensive						
73767 Cystography						
74575 Bone Survey					1	1
74641 Sinus Tract Study						
74674 Tomography		1			5	6
79913 Portable				139		139

III. ELECTROCARDIOGRAPHY WORKLOAD 493L0-A000:

	Midlands Center	Morris Village	Bryan's Psychiatric Hospital	McLendon Clinical Center	Crafts-Farrow	Total
Number of Patients		84	344	151	1,268	1,847

PHYSICAL THERAPY

<i>Month</i>	<i>In</i>	<i>Out</i>	<i>Emp.</i>	<i>Bldg. #1</i>	<i>Patient Maintenance</i>	<i>Total</i>
July 1983	107	148	21	95		371
August	125	150	22	90		387
September	90	175	1	38		304
October	162	168	10	39		379
November	93	103	1	39		236
December	68	140	4	35		247
January 1984	42	185	4	56		288
February	84	186	14	35		319
March	90	211	34	55	41	431
April	26	247	15	27	77	392
May	19	200	18	15	139	391
June	19	158	0	33	117	327
	925	2,072	144	557	374	4,072

Treatments

July 1983	624	January 1984	458
August	693	February	503
September	496	March	679
October	612	April	623
November	411	May	561
December	420	June	460
TOTAL	3,256	TOTAL	3,284
GRAND TOTAL			6,540

DENTAL SERVICE

With the many transfers and reorganization at Crafts-Farrow State Hospital the decline in the number of patients (649 less) seen in McLendon Dental Clinic was not unexpected. However, with the completion of the transfers and reorganization the number of patients seen in this clinic is expected to increase.

There has been an increase in the number of patients seen from Bryan Psychiatric Hospital. These patients continue to show a need for additional care.

Within a few weeks, a new program is to be provided for the Morris Village patients, emphasizing prevention and home care.

No new equipment has been added. The need for a new dental chair is great — one chair is no longer repairable, and is not fully functional. Only a few procedures can be performed in this chair. The staff respectfully request the replacement of this chair as soon as funds are available.

Patients Treated	4,186
Initial Dental Examinations	1,448
Annual Dental Examinations	796
Consultations	828

Full Dentures	42
Partial Dentures	4
Dentures Cleaned	376
Identification of Dentures	278
Restorations	135
Crowns	—
Extractions	1,711
Surgical Removals	4
Alveolectomies	14
Post-operative Treatment	112
Incision & Drainage/Culture & Sensitivity	12
Biopsies	6
Prophylaxes	98
Denture Adjustments	179
Denture Repairs	25
Oral Hygiene Instruction — Individual	50
Radiographs — Periapical	22
Radiographs — Panorex	973
Preventive Dentistry/Oral Hygiene Instruction Lectures	
Staff <u>4</u> Attendance <u>63</u>	
Patients <u> </u> Attendance <u> </u>	
Other:	
Patients treated from CFSH	3,162
Patients treated from MV	538
Patients treated from BPH	394
Patients treated from SCSH	91
Patients treated from DGNCC	1

PHARMACY SERVICE

The total number of prescriptions filled at Crafts-Farrow State Hospital during the fiscal year, 1983-84, was 67,284.

A total of 4,791 employee prescriptions was filled. Cash collected for these amounted to \$24,345.95.

The Alcohol and Drug Addiction Center at Morris Village was issued 5,050 prescriptions (increase of 9.88%). Individual prescriptions are being filled for the residents at Morris Village.

G. Werber Bryan Psychiatric Hospital was issued a total of 1,305 prescriptions (drugs issued in bulk and employee prescriptions). Their pharmacy became a store in February and began ordering their own drugs at that time.

The uni-use medication cart was continued on Ward 200 in McLendon until the ward was closed in March. A total of 4,962 orders was filled for the individual patients.

Utilizing the laminar flow hood, the pharmacists have prepared a total of 654 Intravenous additives for the fiscal year. This is a decrease due to the fact that McLendon Clinical Center has not been in operation since March 1984. The McLendon Building is currently being renovated to become a part of the Dowdy-Gardner Nursing Care Center.

Since March 14, 1984 the pharmacy has provided services for the Dowdy-Gardner Nursing Care Center. A total of 5,468 prescriptions has been issued to patients plus 33 employee prescriptions have been filled. Drugs are issued to patients as unit-dose, if available or by the use of individual prescriptions. Clinical services are provided including monthly review of charts (total reviewed is 337) and inspection of cart and medicine rooms.

Pharmacists have provided monthly in-service programs to physicians as well as in-service programs to nursing and activity therapy staff. Starting in June 1984, pharmacists will participate in the patient drug education program at Building No. 1.

ACTIVITY THERAPY SERVICE

Activity Therapies Service received a new secretary. Four (4) Activity Therapist I's were re-assigned to the Dowdy-Gardner Nursing Care facility. There were re-assignments of the remaining Therapists to the area designated as the Intensive Psychiatric Program. These Therapists are providing a comprehensive therapeutic program, which is implemented on each ward in the Intensive Psychiatric Program. The Therapists are presently focusing their programs on referral groups rather than on building-wide or campus-wide activities. Referral groups that are implemented on these wards are: High and Low Level Socialization; Reality Orientation; Exercise; Pet Therapy; Primary Remotivation; Arts & Crafts; and Discussion and Current Events groups. These groups were mandated to meet the needs of the geriatric population that are now being served in this area.

The newest of the referral groups is Pet Therapy, which was implemented in the Shand Building. The animals used in this group are provided by seven volunteers. This group involves citizens from the local community volunteering to assist in the implementation of Pet Therapy.

The Hortitherapy section of Activity Therapies, continues to add beauty to the campus by providing flower beds in areas throughout the campus grounds, plants for Faith Chapel and various departmental offices, floral arrangements for special occasions and indoor plants to beautify the living areas of the patients by giving the environment a more home-like appearance. The Hortitherapist has developed specific referral groups for various wards throughout the hospital.

Music Therapy section continues to function under two major roles: Referral Groups; and accompanying Chaplaincy on various wards throughout the hospital. The Music Therapists offer individual music lessons, music clubs, Rhythm Bands, and provides entertainment for various campus-wide activities.

The Library section of the Activity Therapies Service continues to offer movies for all patients and captioned films for the deaf and hard-of-hearing. The Librarian maintains specific referral groups, offers library-oriented activities and meets with the Library Club members on a regular basis.

The Patient Shoppers section of Activity Therapies Service continues to shop at the campus canteen for patients that are unable to independently shop for themselves. Patient shoppers assist the patients that are able to shop on and/or off-campus, in budgeting, selecting and purchasing of specific items. The shopping is done on a referral basis, with recommendations from the Treatment Teams.

The Activity Therapy Intern Program continues to add much to the department. Three students from Benedict College's Therapeutic Recreation Program, completed two hundred and fifty intern hours here at Crafts-Farrow State Hospital. The interns spent their hours working in various programs and buildings throughout the hospital. The Activity Therapist Intern assisted Activity Therapist I's in planning, coordinating, and implementing therapeutic recreational programs in their assigned areas.

Seasonal campus-wide activities are sponsored by the Special Events Committee: Annual Christmas Caroling, Tree Trimming, Christmas Parade, Sweetheart's Ball, Annual Spring Ball, May Day, Halloween Carnival, Thanksgiving Program, and a Special Olympics were all held during the past year.

Much emphasis was placed on timely and quality documentation, being written within the guidelines of the Activity Therapy Service and the National Institution of Mental Health. Peer Reviews were done monthly with much emphasis placed on appropriate recommendations, specific referral groups, documentation being done on a timely basis, and usage of descriptive behavioral terms. Deficiencies found during the monthly Peer Reviews were corrected by personal counseling, departmental In-Services, and workshops. Additionally, each Therapist assigned to a ward was responsible for assessing each patient, Staff/Patient Functioning Level. The Activity Therapist I assigned to a ward, maintains a full program from 8:30 a.m. to 8:00 p.m., Monday through Friday, and 8:30 a.m. to 1:00 p.m. on weekends.

The Activity Therapy Service continuously strives to provide the patients an opportunity to engage in activities of a therapeutic and

recreational nature that will assist in the recovery of their health and increase the possibilities of their returning to their homes and/or communities.

SOCIAL WORK SERVICE DIVISION

The Social Work Department, in cooperation with other disciplines, has concentrated heavily upon viable assessments, individual treatment plan, appropriate level of care and placing the patient in the least restricted environment. This effort resulted in improved patient care and treatment, and was reflected by the number of patients discharged. Having reduced the patient population significantly during the fiscal year, the goal for 1984-1985 is to implement new treatment and discharge strategies that will facilitate efforts to reduce the current patient population. During the past fiscal year, a total of 692 patients were discharged, 340 were placed in alternate care home/facilities, with 184 being placed in community care homes and 140 were placed in nursing homes. Current statistics reflect increased difficulty working with patients with chronic mental and physical problems, making them inappropriate for alternate care placement.

Goals For The Coming Year

1. Continue to upgrade staff competency through inservice and staff Development Training.
2. Continue our effort to improve care and treatment of patients and document needs and services provided, with continued effort to reduce the patient population.
3. Continue to provide student placement (field work) program with state colleges and universities with social work programs.

CHAPLAINCY SERVICE

The Chaplaincy Service provides pastoral care to patients and in a more limited way to families of patients and to staff. This pastoral care for patients has included providing 52 Sunday Morning Worship Services with an average attendance of 74; 50 Wednesday Vesper Services with an average attendance of 74 and worship on special occasions such as National Day of Prayer; providing 726 ward worship services on closed wards; making 11,217 pastoral visits to patients; providing 677 counseling sessions to patients on referral from treatment teams, staff, or at the patient's own request; providing 152 Holy Communion Services in Faith Chapel and on closed wards with 2,120 patients participating; making 1,613 pastoral visits to seriously ill patients; interview and preparing religious information on 750 new admission patients.

There were 399 interviews with relatives of patients, 260 counseling sessions with staff and 52 visits to sick hospital personnel.

Chaplains work closely with members of the Interdisciplinary Treatment Teams in the Acute Psychiatric Service and serve as pastoral consultants for other treatment teams.

Burial services were held for fourteen patients during the past year.

Pastoral Services were provided by a staff of three full-time and one part-time chaplain through December 31, 1983, and after that time there were only two full-time chaplains. In addition one part-time Roman Catholic Priest, one volunteer chaplain, and two retired community clergymen have also given invaluable service through our department to the patients.

The Chaplaincy Service recognizes the supportive services of two of our staff: our staff musician who provides training for patient choir members, and plays the piano and organ for various worship services; and our secretary who does her work very efficiently and cheerfully thus freeing the chaplains to spend more of their time in direct pastoral care.

Chaplaincy staff contribute services and expertise to various kinds of continuing education for staff and various hospital and departmental committees.

STAFF DEVELOPMENT

Crafts-Farrow State Hospital has experienced many changes in this past fiscal year. The Staff Development Office has endeavored to provide for our employees learning opportunities that were reflective of hospital and employee needs during this time of transition.

PSYCHOLOGY

The standards set by NIMH have lead to a further consolidation of the Crafts-Farrow psychology staff in Distinct Areas. This has made possible full psychology coverage in these distinct key areas.

Unfortunately this has severely limited coverage in areas not currently considered for NIMH evaluation. Fortunately the psychology staff has, to date, been able to meet all requests for consultations and formal assessments regardless of which area of the CFSH campus they originate from.

In the areas fully covered by psychology staff, a complete range of services are provided including; psychological screening, formal psychological testing, group and individual psychotherapy, behavior modification, addictions counseling and the chairing of the treatment team's Ward Program meetings on their assigned wards.

Student volunteers have been utilized, new assessment techniques have been learned and implemented, and professional inservice has remained a

priority with weekly meetings scheduled.

As this fiscal year neared its end, CFSH Psychology Service has lost one of its two Ph.D.'s and one of its seven MA level staff members.

Plans have been made to recruit another Ph.D., with a speciality in behavior modification, but until this has been accomplished the present staff will continue to be somewhat overextended, especially if even a temporary loss of additional staff (i.e. such as maternity leave) should occur.

NURSING

Nursing focused upon improving the quality of nursing care surviving the many changes affecting both patients and staff. Both patients and staff were reassigned from CFSH to C. M. Tucker and to Dowdy-Gardner Nursing Care Center in order to provide a more appropriate level of care. This has resulted in the closing of four buildings. Some of the buildings will be renovated to more adequately care for patients in the future.

The Acute Psychiatric Unit (formerly the Admissions area) faced an increased number of new admissions who are older and have more physical disabilities. Some patients are acutely medically ill upon admission and many others require skilled or intermediate levels of nursing care. These wards are not designed nor equipped to provide the care necessary for acute or skilled care. Some patients have primarily psychiatric needs, but a greater number have a mix of both psychiatric and physical care needs. While staff tries to provide care based upon the patients' needs, they find it very difficult with various care needs of patients.

Continued efforts were made to provide programs according to patients' needs especially in the Long Term Psychiatric Units. This resulted in many patient transfers and reassignments. After the loss of Medicaid funding for many buildings, patients who were classified as primarily geriatric were transferred to wards previously designed for psychiatric patients. This resulted in program disruption especially in Shand Building.

The reassignment of younger mentally retarded patients to CFSH demanded a major adjustment and immediate retraining of staff on two wards to facilitate their coping and beginning to identify appropriate programs for this very different patient population. This was a drastic change from the long term geriatric patient.

These are but a few of the major changes which impacted greatly on patients and staff. The major positive success was the implementation of the Psychiatric Rehabilitation Program.

Licensed staffing has increased in the Acute and Long Term Psychiatric Units, but overall staffing levels in the Resident Care areas are

critical. Patient safety cannot be assured. There is a great need to increase the staff to patient ratio with additional licensed personnel. Without major incentive being added to recruit licensed personnel, there will not be enough licensed personnel to administer all medications by July 1, 1985.

Nursing Education continued to adapt and adjust to meet the changing needs for programs and staff. They participated in the orientation of the sixty-three newly employed licensed personnel and trained all newly employed mental health specialists. Quality continuing education programs were provided for both licensed and mental health specialists.

We have contracted with Dowdy-Gardner Nursing Care Center to provide for their educational and training needs and look forward to working with their staff.

ADMINISTRATIVE SERVICES

This Department is responsible for providing (1) a safe place to live and receive treatment that is clean, comfortable and as pleasant as possible; (2) furnish supplies and equipment necessary for the proper care and treatment of all patients; (3) meals that are nutritious, wholesome and sufficient in quantity; and (4) medical records that are adequate and complete for all patients. In addition, Administrative Services assures that the hospital abides by the S. C. State Law, SCDMH Directives, and CFSH Directives; budgetary matters also are the responsibility of Administrative Services, which is dedicated to an all-out effort to provide the above-mentioned services within the budgetary limitations.

In November of 1983 the National Institute of Mental Health conducted a survey at CFSH. No deficiencies were cited. Among the suggestions offered were to explore with the Department of Mental Health and the legislature how to reduce the incidence of inappropriate admissions involving critically physically ill people who have no primary mental disorder to justify their admission. They also urged CFSH to support and enhance the expansion of community based programs as alternatives to hospitalization.

In view of the resulting certification by NIMH and changing role of CFSH it was officially decided not to elect to be surveyed by the Joint Commission in the spring of 1984 as had tentatively been scheduled.

Since the beginning of the fiscal year the CFSH patient census has been considerably reduced by transfers to the Roddey Pavilion and Fewell Pavilion at the Tucker Human Resources Center. In addition, following the remodeling of I. M. D. later named as the Dowdy-Gardner Nursing Care Center, a substantial number of skilled care patients were transferred by CFSH to the Center. The Staff at CFSH was reduced proportionately to the number of patients transferred to the respective

institutions concerned.

As a part of the transition at CFSH patient dormitories No. 7, 14 and 15 were closed.

REGISTRAR DIVISION

Admissions and Dispositions — This office is the nerve center of CFSH. Manned 24 hours a day, 7 days a week by employees who are trained to admit, discharge, maintain daily census, man computer terminal, two-way radios, paging, assign incoming patients to doctors, arrange transportation back to communities for exams and hearings and to back up security when necessary by using radios and telephones. This office was severely hit when Dowdy-Gardner Nursing Center opened. Three employees transferred there and were not replaced and one retired. The admission rate has stayed the same. We were able to continue operations by overtime and temporary help. However, temporary help is not the answer, if we are to continue to operate as an Admissions Office and Information Center. We will have to get more people.

Medical Records — This department is responsible for the medical records on all patients. All dictation by doctors, social workers and psychologists come to the central dictation system. Again, I repeat that our admission rate remains about the same even though we transferred several hundred patients out to Tucker Center and Dowdy-Gardner, the decrease in patients increased the workload for this office. In addition, two positions were transferred to Dowdy-Gardner to handle their medical records. During the previous year, we lost five employees by transferring to better positions and were not replaced. So we add an additional two employees totaling seven employees lost without replacement in one year. Nothing we have done by moving patients has reduced our workload. In addition, our court hearings held at Crafts-Farrow have increased 241% over last fiscal year. We held 437 hearings this past year. While this is a tremendous savings to the Department and most beneficial to the patients, it has taken much time for the doctors to examine the patients and testify at the hearings.

Also, there are twenty-one judges who request that we send examiners reports to them but they do not come to the hospital for hearings. The State Supreme Court has ruled that the hearings may be transferred to a local judge to meet the 20 day deadline. This is being done in some cases. We are reducing our personnel at a faster rate than we are our patients. The goal is 500 patients by July, 1985 but there is a lot of work involved in medical records which includes preparing the record for retirement and microfilming long after the patient is gone. We need to re-evaluate our personnel needs and adjust accordingly with our patient census.

Medicare-Medicaid — The past fiscal year we lost certification for

Medicare and Medicaid on all our buildings except Shand and Admission. We are hopeful of getting Davis and Building 2 approved during the fiscal year.

Post Office — Personal Fund — This Office continues to operate at a rapid pace. The Post Office does a booming business on money orders for employees, also, stamps and cards. This office has four employees, one is a vehicle operator who is the mail carrier. The other three employees handle the Patients Funds and Post Office. This office stays so busy that when one person is off, we have to send help from other areas. This office receives monies from patients traveling. Also, handles petty cash for small purchases. It is my feeling that because of the volume of business handled by the Post Office, we should re-negotiate with the government for more rent which would relieve us somewhat in salaries for that office.

SUPPLY AND SERVICE DIVISION

The Supply and Service Division continues to requisition, store and issue supplies to all areas of the hospital and some supplies to other SCDMH facilities including Morris Village, Autistic Children's Center, Dowdy-Gardner Nursing Center and Bryan Psychiatric Hospital. Records on expendable and non-expendable items are maintained and inventories held according to established SCDMH accounting procedures.

We continue to wash bath towels, wash cloths, underwear and socks in our facilities and other items whenever possible to provide clean and adequate clothing and linen for our patients. Other clothing and linen items are still contracted to the Department of Corrections. For the fiscal year 1983-84 there were 2,366,750 pounds laundered by Corrections at a cost of \$307,679. Total charges are based on dry laundered weights.

Sales for the canteen for fiscal year were \$122,222 not including vending machine sales. The vending machine contract is still handled by Araserve, Inc.

FOOD SERVICE DIVISION

Crafts-Farrow Food Service Division continued to serve attractive, highly palatable and nutritious meals to Patients and Employees at Crafts-Farrow State Hospital, Bryan Psychiatric Hospital and Earl E. Morris, Jr., Alcohol and Drug Addiction Treatment Center.

During the year 3 more Dining Rooms were closed. However, we have been preparing meals for Department of Corrections, State Park Unit, and Dowdy-Gardner Nursing Clinical Center, Farmer Building, State Park.

Total meals prepared during this fiscal year were 1,454,201.

The Division was composed of one Food Service Director III, One Food

Service Director I, five primary Food Service Supervisors and approximately 100 supportive personnel.

Staff participated quite actively in In-Service Training all year and in Staff Development Work Shops.

HOUSEKEEPING DIVISION

Housekeeping Division has undergone many changes. Due to the closing of several patient buildings, and the transfer of patients to other facilities, we have lost custodial personnel and positions. We have improved and maintained the Therapeutic Environment in patient care areas, provided up-dated in-service training for custodial workers, and achieved our previous goals.

During fiscal year 1984-85, we will strive to: (1) maintain a pleasant and safe environment; (2) maintain employee morale during structural changes, and (3) work toward overall increased awareness of needs throughout the Department.

WILLIAM S. HALL PSYCHIATRIC INSTITUTE

DIRECTOR'S REPORT

Fiscal Year 1983-84 marked the twentieth year since the ribbon-cutting ceremony for the William S. Hall Psychiatric Institute. Activity continued to focus on pursuit of our goals of training highly competent mental health professionals and furthering knowledge of neuropsychiatry through research.

The following trainees were in programs at the Institute during the year: general psychiatry residents — 25, child psychiatry fellows — 1, psychology interns — 4, nursing students — 182, clinical pastoral trainees — 15, social work placements — 6, recreational therapy interns — 8, music therapy interns — 4, occupational therapy interns — 6, art therapy interns — 1, pharmacy students — 48, psychopharmacy interns — 1, USC medical student clinical psychiatry rotation — 21, USC medical student clinical neurology rotation — 38, psychiatry electives — 5, and continuing medical education programs — 678.

During this fiscal year, 926 patients were treated as inpatients for a total of 33,371 inpatient days and 1,499 partial hospitalization days. 6,697 outpatient visits were recorded.

Forty-nine review articles, abstracts, book reviews, etc. by members of the Institute faculty were accepted for publication by various journals during the year. A book entitled *Psychoneuroendocrine Dysfunction* edited by N. S. Shah and A. G. Donald was published by Plenum Publishing Corporation. Several staff members were invited to present research

papers to professional meetings at the national level.

In addition to stated goals, staff members from various departments within the Institute responded on an individual basis to needs of the community and the state. Several staff members served as speakers for local groups and participated in Health Fair activities. Psychological and psychiatric services were provided on an as-needed basis during the recent tornado emergencies in the state.

The close relationship with the University of South Carolina School of Medicine has continued to contribute to the success of the Institute. Besides shared funding of nine positions, the positive impact is demonstrated by interest and performance in psychiatry as a specialty by graduates of the School. Four USC School of Medicine graduates were in training at the Institute during the year: a graduate of the Charter Class of 1981 served as Chief Resident during 1981, and another member of this class will become Chief Resident in July. The Institute general psychiatry residency training program has filled all residency slots for the coming year. Concentration will continue on involvement of senior residents in the medical student education during M-III clerkships and summer clerkships. The quality of training at both the Institute and in the Department of Neuropsychiatry and Behavioral Science is enhanced by the affiliation. Institute residents tested during the year through the Psychiatry Residents In-Training Examination, sponsored by The American College of Psychiatrists, scored above the mean for other university-sponsored programs. Five summer medical student clerkships were completed in July of 1983, and nine students began 1984 clerkships in June. These clerkships, jointly funded by the Institute and an NIMH grant to the Department of Neuropsychiatry, are extremely successful as an educational experience for the students and also provide support for research activities.

The exchange program of elective study continues to develop between the Institute, the Department of Neuropsychiatry, the USC School of Medicine, and the University of Glasgow School of Medicine Department of Psychological Medicine. One psychiatric resident completed a 3-month elective in Glasgow in September 1983, one is currently doing a 2-month (June and July) elective, and one is scheduled for next year. One Glasgow student will be in training at the Institute for three months beginning in July.

Institute-USC Department of Neuropsychiatry faculty members and Institute residents received national recognition during the year. Particularly noteworthy is the fact that the Institute and Department of Neuropsychiatry became one of only two facilities in the country to list awardees in each of four categories: NIMH Junior Faculty Development Award in Psychiatry, NIMH Child Psychiatry Faculty Development

Award, Falk Fellow, and Laughlin Fellow. These awards were 1 of 20, 13, 11, and 15 in the country respectively.

The Professional Practice Plan, in its fourth year of operation, expanded to the point of requiring a full-time business manager. We were extremely fortunate to recruit Mr. Ned Ginsburg from Blue Cross-Blue Shield with a background that uniquely qualifies him for this position to assist in further growth of the Practice Plan.

The Health Resources Foundation continued to support educational and research activities of the Institute. The Board of Directors (Mr. Marshall A. Shearouse, President) approved the Foundation's support of two resident graduation ceremonies (December 1983 and June 1984), the annual meeting of the Columbia Medical Society held at the Institute in October, and stipends for two psychiatric residents' elective study in Glasgow. In addition, the Foundation funded several small grants in special educational and research areas. Accrued interest from previous donations to the Foundation supported "The Joe E. Freed Award" and "The Director's Annual Award for Excellence."

The ninth recipient of "The Joe E. Freed Award" was Thomas J. Goldschmidt, M.D., for a paper entitled "The Effects of Coronary Artery Bypass Surgery: A Relative's View." This article was judged the best of five papers submitted this year.

The second presentation of "The Director's Annual Award for Excellence" was to Harry H. Wright, M.D. This award is presented annually for the most significant contributions to the mission and purpose of the William S. Hall Psychiatric Institute during the previous year.

Several significant personnel changes have occurred. Following Mr. Reimels' resignation, Dr. Daniel Pesut joined the faculty as Associate Director for Nursing; due to training services provided for USC nursing students, a portion of his salary will be reimbursed by the College of Nursing (USC). Dr. Martin Cohen joined the faculty as Chief of Research Services in November. In February, Dr. Ham completed his term as Interim Superintendent of SCSH and returned to the Institute and currently serves as Acting Chief of Inpatient Services. Drs. Bank, Emerick, Deal, and Leverette resigned their positions. Dr. Steven Barton, Dr. Barbara Geller, Dr. Susan Gillette (part time), Dr. Charles Goldman, Dr. Tony Gore, and Dr. Peter Swanson joined the Medical Staff; Dr. Jeremy Musher is scheduled to begin on July 1. Mr. Parker resigned his position as Associate Director for Administration, and Ms. Deborah Martin has served in an acting capacity since mid-May. Col. Leroy Barber has been recruited to fill this position and will begin on October 1.

Due to circumstances beyond our control, we were unable to use the authorization of the Legislature to replace the funds lost due to the Governor's budget reduction to all agencies, thereby necessitating the

closing of one inpatient unit. Plans are being made to reopen this unit as soon as different financial arrangements can be made in order to fund the operation and staffing of this unit.

In summary, this twentieth year has been a productive one for the Institute. The accomplishments noted reflect the support received from faculty of the Department of Neuropsychiatry of the USC School of Medicine. Faculty and staff members have responded positively to adverse financial problems. Hopefully, the 1984-85 annual report will reflect activation of the unit to replace the Institute's budget reduction.

DEPARTMENT OF ADMINISTRATIVE SERVICES

Fiscal year 1983-84 was a year of many challenges for Administrative Services. An equipment freeze in the second quarter hindered the purchase of essential equipment items. Similarly, a personnel freeze in the second quarter frustrated attempts to fill key positions and placed large demands on Institute staff related to coping with critical personnel shortages.

Despite severe budgetary constraints, Administrative Services continued to support quality patient care as well as the Institute's vital training and research mission. The Registrar Division experienced an increase in the number of admissions and discharges during fiscal year 1983-84. This increase and other demanding changes have made dedication and hard work prerequisites for this section to adequately fulfill its crucial function. The Professional Library staff researched and answered 7,400 reference questions, circulated 12,500 books and tapes, received 252 interlibrary loans and transmitted 235 loans to other libraries and held 53 orientations. In these and many other ways the library has continued to fulfill the requisites of an efficient medical library. During the past year the Media Section provided audio-visual support for Nursing Education, Continuing Education, Institute Staff, and the Medical School. Seven Classes of nursing students from all over the state were oriented in the use of video with a patient as a part of the curriculum. The Supply Section was able to meet all of its objectives identified in the previous year and provided excellent support despite resource limitations. The Housekeeping Service maintained the Institute in a safe and infection-free environment in accordance with JCAH standards. Two hundred eleven (211) personnel actions and 1,665 vouchers were processed. It is the goal of Administrative Services to continue to strive toward a level of excellence in supporting the clinical-professional activities of the Institute.

DEPARTMENT OF PROFESSIONAL SERVICES

Office of the Associate Director for Professional Services

The Associate Director for Professional Services continued to be responsible for all clinical and research programs within the William S. Hall Psychiatric Institute.

During the past year, the Associate Director for Professional Services was very active in the preparation and submission of one grant proposal, "Training for Leadership in Public Psychiatry," and the request for renewal of the grant, "Psychiatry Comprehensive Institutional Training Grant," for which \$56,052 was awarded by NIMH last year, and the submission of three articles for publication. In addition, he wrote the introduction, "Psychoneuropharmacology and Neuroendocrinology: Implications in Neuropsychiatric Research," in the book, *Psychoneuroendocrine Dysfunction*, and began editing a book entitled *Psychopharmacology: Impact on Clinical Psychiatry*, in which he authored a chapter entitled "Psychopharmacology: Past and Present."

General Psychiatry Residency Training Program

The General Psychiatry Residency Training Program recruited eight residents for PGY-1 beginning July 1, 1983, and also added one resident to the PGY-2 and two to the PGY-4 class. There was a total of twenty-five general psychiatry residents in training during the 1983-84 academic year. Four residents graduated from the program in June, 1984; one graduated in December, 1983; and one graduated in September, 1983. The program also participated in the National Residents Matching Program for 1984 and signed three PGY-1 residents for July 1, 1984. One additional PGY-1 resident was recruited outside the Match. Also, three PGY-2 residents were recruited to join the program for July 1, 1984. Expanded recruitment activities and changing attitudes toward psychiatry have helped fill all our training slots with qualified applicants. The ratio of American graduates to foreign graduates is about 2:1.

The curriculum was revised and streamlined in accordance with the recommendations of the Curriculum Review held in May, 1983. The four-year residency program continued full accreditation received from the Accreditation Council for Graduate Medical Education in September, 1982 (Council action in April, 1983). Training affiliations were maintained with the William Jennings Bryan Dorn Veterans' Administration Medical Center; Columbia Area Mental Health Center; Richland Memorial Hospital; and the Departments of Internal Medicine, Pediatrics, and Family Practice of the USC School of Medicine. A contract for emergency after-hours psychiatric evaluation was also continued with Lexington County which enhances emergency psychiatry at the Institute.

The Psychiatry Residency In-Training Examination sponsored by the American College of Psychiatrists was again administered in the fall. The resident group scored above the mean for the nation. An oral examination modeled after the American Board of Psychiatry and Neurology Exam (Part II) was conducted in May, 1984, with the assistance of outside consultants. On the whole, residents performed well; and deficiencies were addressed with each resident.

Robert L. Bank, M.D., resigned as Training Director in June, 1984, and Robert J. Pary, M.D., was named his successor.

Child and Adolescent Psychiatry Service and Training Program

One resident enrolled in the Child Psychiatry Residency Training Program. She completed her training in December, 1983, and entered into the private practice of Child Psychiatry here in Columbia.

It was anticipated and signed contracts were obtained for three new Child Psychiatry Fellows to begin in July, 1983. Because of individual circumstances, none of the three individuals were able to fulfill their contract, and they did not start the Child Psychiatry Residency Training Program.

The Child and Adolescent Psychiatry Service is made up of five major service sections as follows: 1) the Adolescent Inpatient Unit, 2) the Child and Adolescent Outpatient Clinic, 3) the Day Treatment Center, 4) the Diagnostic Nursery, and 5) Consultation Services to Richland School District #1, the Pediatric Clinic at Moncrief Army Hospital, Willow Lane School (Department of Youth Services), and the South Carolina State Hospital.

The major mission of the Child and Adolescent Psychiatry Service is to provide research and training opportunities through its clinical services. In the past year, clinical training has been provided to one child psychiatry resident, twelve general psychiatry residents who were doing their child psychiatry rotation, four psychology interns, forty-eight third-year medical students from the USC School of Medicine, and three social work students. In addition, research has been ongoing in both the Outpatient Clinic and the Diagnostic Nursery.

The Childhood Affective Disorders Research Program has successfully been put into operation. Thirty children have been entered into the project. A prospective research grant was submitted to NIMH. The grant underwent its site visit in the spring, 1984. The Child and Adolescent Psychiatry Service was the recipient of an NIMH Child Mental Health Faculty Development Award. The award for 1983-84 was in the amount of \$37,290. An NIMH Clinical Training Manpower Grant for the Child Psychiatry Residency Training Program was submitted in January, 1984. The grant has been approved and funded for 1984-85 in the amount of

\$15,153. Two articles were submitted for publication.

There were 48 admissions and 48 discharges to the Adolescent Inpatient Unit; 184 new patients were seen in the Child and Adolescent Outpatient Clinic; and there was a total of 2,276 outpatient visits for the year.

Psychology Service and Internship Program

The Clinical Psychology Internship Program recruited four interns.

Psychology Service functions in the areas of service, training, teaching, consultation, and research. Clinical psychology is involved in the training and teaching of all of the programs of the Institute including psychiatry, nursing, social work, pastoral education, occupational therapy, recreation therapy, music therapy, as well as some of the training areas associated with USC.

Psychology Service continues to maintain an American Psychological Association-accredited clinical psychology internship program.

The current training, consultation, and service functions continue pretty much undiminished.

Pastoral Education Program

The Pastoral Education Program recruited four pastoral residents, one pastoral fellow, five pastoral interns for the extended Pilgrimage program of Basic CPE, ten pastoral interns for the full-time Summer 1984 Program, and five pastoral undergraduate students for the 1983-1984 year. By the end of August 1983, four pastoral residents, eight pastoral interns, one pastoral fellow, and two pastoral undergraduate students graduated under the auspices of the formerly accredited William S. Hall Psychiatric Institute Pastoral Education Program. Since its inception with an accredited clinical pastoral education program in 1967, the Pastoral Education Program has conducted full-time, part-time, and continuing education programs for a total of 2,340 participants.

With the October, 1983, accreditation of the Academy for Pastoral Education, all levels and programs of clinical pastoral education in the SCDMH were transferred to be under the administration and auspices of the Academy. The Academy for Pastoral Education provides a system of pastoral student placements and unified curriculum resources throughout the Department of Mental Health facilities and centers. The Institute's Pastoral Education Program is a participating component in this newly-accredited center of the Association for Clinical and Pastoral Education, Inc., and, as such, receives accreditation by virtue of being a component of the Academy for Pastoral Education.

Educational and orientation sessions related to pastoral care were provided by the Pastoral Education Program for various training pro-

grams and services of the Institute. Participation as a component in the Academy for Pastoral Education has included a symposium on "Genetic Disorders and Pastoral Care" and a Convocation on the Caring Community. Interfacing with the community and religious support systems to enhance community goals implicit in the State Plans of the Department of Mental Health has also occurred.

Activities Therapies

Activities Therapies had a total of 19 students in the various internship programs (8 recreation therapy interns, 6 occupational therapy interns, 1 art therapy intern, and 4 music therapy interns, 1 intern did not complete the program).

Recreational Therapy staff continued to provide patients with therapeutic recreation and leisure experiences within the Institute and community. Art Therapy services are being expanded to insure that patients from each adult inpatient unit participate in art therapy treatment. Establishment of a clinical training site in art therapy at the Institute is being pursued. Music Therapy staff completed three projects and case studies that relate to the use of music as a therapeutic modality in a psychiatric facility. Therapeutic music activities for all adult inpatients, the Day Treatment Center, the Rehabilitation/Reintegration Project, and the Adolescent Inpatient Unit were provided in order to support the music therapy training program. Occupational Therapy staff provided therapeutic services for all inpatient adult wards, the Rehabilitation/Reintegration Project, the Day Treatment Center, and the Adolescent Inpatient Unit. In addition to the program time provided to the Day Treatment Center, outpatient services now include the Diagnostic Nursery Program and the Partial Hospitalization Program.

Clinical Pharmacy

The Clinical Pharmacy Service had 49 trainees in five training programs during the year. Fifteen undergraduate students from the University of South Carolina College of Pharmacy completed four-week psychopharmacy clerkships; 30 sophomore pharmacy students participated in orientations to psychopharmacy; two junior students completed work on pharmacy-related research projects; one post-baccalaureate pharmacy student completed internship requirements; and one postdoctoral pharmacist completed the psychopharmacy residency program.

In support of the Institute's training programs, the Clinical Pharmacy Service provided clinical services to the Inpatient Psychiatry Service, Outpatient Psychiatry Service, Neurology Service, and Child and Adolescent Treatment Programs.

Inspection of medication storage areas was completed monthly. Medi-

cation profiles were maintained on all inpatients. Monthly drug utilization reviews were completed on neuroleptics and antiparkinson agents. Medication education groups were held with 609 patient contacts. Individual medication education sessions were held with 360 patient contacts, and medication histories were completed on 260 patient contracts.

The Clinical Pharmacy Service has continued to be involved in clinical, educational, and research efforts. The service provides numerous educational sessions related to psychotropic medications. Those attending the sessions included nursing students and staff, pharmacy students, activity therapy students, and pastoral education students.

The Clinical Pharmacy Service had one manuscript published, three manuscripts submitted for publication, five papers submitted for presentation at national meetings, four papers presented at national meetings, two grant proposals submitted, and three research proposals submitted.

Vocational Rehabilitation

An average of 10.6 referrals per month were made to Vocational Rehabilitation for a total of 128. Individual Written Rehabilitation Plans produced during the period were 95. A total of 33 vocational rehabilitation clients returned to jobs in the community following discharge. Twenty-one of these clients were employed for a minimum of 60 days. Forty-nine cases were transferred to Vocational Rehabilitation Offices over the state for continued provision of services.

Vocational Rehabilitation Interns were not involved in training during the past year. Orientation and training for Institute staff regarding Vocational Rehabilitation services was provided on 15 separate occasions.

Social Work Service and Placement Program

Six graduate students participated in the Social Work Placement Program. The Social Work Service provided services to support its training program including, but not limited to, psychosocial assessments, family counseling, and discharge planning for patients requiring social work intervention. Members of the staff continue to be involved in teaching and training activities, collaboration, and consultation with trainees in other disciplines including: Child Psychiatry, General Psychiatry, and Nursing Education.

Seven papers were presented by social work staff at conferences, and one paper which was coauthored by social work staff was submitted for publication. Two grant proposals were submitted, one to the S. C. Department of Social Services and one to the S. C. Committee for the Humanities. Both were funded; however, the grant dollar figure for the Social Services grant was not adequate, and this grant was declined. The grant from the Committee for the Humanities was in the amount of \$6,601.

This year social work staff planned, organized, developed, and implemented an ongoing seminar on family therapy. Social work staff was also responsible for planning and organizing the Sixth Annual Cross-Cultural Conference. Approximately 325 attended this conference.

Nursing Service and Educational Programs

1983-1984 was a year of change and transition for Nursing Service at the Institute. Budgetary and personnel freezes imposed constraints and limitations on resources necessary to meet patient care demands. These constraints forced nursing services to consolidate nursing units and reassign staff to provide adequate patient care. The staff handled these changes quite well.

In March, 1984, the Associate Director for Nursing Services, Mr. Frederick Reimels, resigned his position in order to pursue his educational plans and complete his doctorate in nursing. Ms. Florence Cromer was appointed Acting Associate Director for Nursing Service. With the help of Ms. Carolyn Keeter and the nursing supervisors, quality patient care continued to be delivered by the nursing staff at the Institute.

A national search was conducted for a new Associate Director for Nursing and on June 5, 1984, Dr. Daniel J. Pesut assumed the Associate Director for Nursing Service position. In addition to his responsibilities at the Institute, Dr. Pesut negotiated a joint appointment at the University of South Carolina College of Nursing and an adjunct clinical appointment at the School of Medicine.

A notable achievement is the fact that during this past year a Philosophy of Nursing Committee was formed and is in the process of currently developing a philosophy of nursing to serve as a basis for nursing professional growth and development at the Institute.

The programs that were previously known as Staff Development, Nursing Inservice, and Nursing Education were aggregated into one department and designated as the Department of Continuing Education. This new department has major responsibilities for: 1) coordinating continuing education for all services at the Institute, 2) implementing orientation for all new employees, 3) providing mandatory training as identified by SCDMH accrediting bodies and William S. Hall Psychiatric Institute directives, 4) developing and providing elective continuing education classes based upon identified needs, 5) disseminating information regarding continuing education programs available inhouse and off grounds, 6) facilitating documentation of training, and 7) coordinating and implementing the Student Nursing Education Program at the Institute.

The Student Nursing Education Program taught 109 students from four schools of nursing (seven-week curricula) and coordinated affiliation

of 73 students from three schools of nursing for a total of 182 students using the Institute for training.

A total of 165 educational programs were offered, 27 of which were orientation. These were based on the needs assessment that was done in June, 1983. There has been a concerted effort to coordinate continuing education Institute wide so as to provide a higher quality of training, document training, and evaluate training.

Neurology Service

Neurology Service provided education in neurology to psychiatry residents and medical students rotating through the Neurology Service by providing teaching rounds, neurology conferences, and individual supervision.

General Psychiatry Inpatient Service

The General Psychiatry Inpatient Service provided clinical services to support the training of psychiatry residents, medical students, nursing students, activity therapy interns, and pastoral education residents.

The Rehabilitation/Reintegration Project transitioned 23 patients to the community. Since the project's inception, 61 patients have been transitioned to the community and 17 patients have been transferred back to the S. C. State Hospital. Of the 23 patients, 7 (30%) probably need follow-up for medical problems within three months post-discharge. Since the project's inception, 28 (46%) have probably needed follow-up for medical problems within three months postdischarge.

General Psychiatry Outpatient Service

General psychiatry residents, psychology interns, nursing students, and social work interns continue to be trained in the various outpatient components, including the Partial Hospital Program. The community mental health system continues to provide opportunities for trainees to develop skills in addition to receiving continuing education from the outpatient staff.

The past fiscal year saw the addition of outpatient teaching and supervising staff who increased the services offered in this section and enhanced the training of psychiatric residents and clinical psychology interns.

This year saw the development of liaison activities with other departmental facilities, particularly strengthening ties with local departmental community mental health centers.

A new medical supervisor and a new program director were appointed for the Partial Hospitalization Program during the last fiscal year. The program continued to focus on the needs of the chronic patient in the

community. Psychiatry residents, medical students, and nursing students utilized the program for training purposes.

Research Services

This has been a year of major change for the Ensor Foundation Research Laboratory. Dr. Nandkumar S. Shah, the Chief of the Ensor Research Laboratory for the previous 12 years, died suddenly and unexpectedly in the Spring of 1983.

Dr. Shah had begun the planning for the 13th Annual Ensor Foundation Research Symposium, and the October 17th program, "Epilepsy: Physiology, Pharmacology and Clinical Management," was dedicated to his memory.

Published posthumously, as a result of his work in coordinating previous symposia, was the book, *Psychoneuroendocrine Dysfunction in Psychiatric and Neurological Illness: Influence of Psychopharmacological Agents*. In addition, two papers were published reporting the research work completed in the Ensor Laboratory prior to his death.

The hiring of a new Chief, Research Services, was accomplished with the arrival of Martin R. Cohen, M.D., from the National Institute of Mental Health in November 1983.

A long-range plan was initiated to develop the facilities of the Ensor Laboratory to provide a comprehensive approach, utilizing both clinical and basic research designs, to understand the role of brain damage and/or adaptation to brain damage in the pathogenesis of the major behavioral disorders, i.e., Alzheimer's Disease, Schizophrenia, Parkinson's Disease and Tardive Dyskinesia.

This required the development of new research proposals, the hiring of lab personnel, the updating and purchase of new equipment, and the development of collaborative research efforts with the clinical staff and residents. Four new research projects were initiated. Plans for the 14th Annual Ensor Foundation Research Symposium entitled "Strategies in the Development of Psychopharmacologic Agents to Treat Memory Dysfunction" have been initiated.

Ongoing research by the Genetics Laboratory focused on the genetic control of the metabolism of tricyclic antidepressants and phenothiazines in inbred mice and humans. The statewide Psychiatric Genetic Assessment and Counseling Service based at the Institute continued direction of the four regional satellite clinics and provided education in genetics and psychiatry to health professionals, patients, and the public.

Two research grants in the areas of laboratory research and psychiatric genetic assessment and counseling were funded, totaling \$17,200. Eleven abstracts were accepted in the areas of genetic control of metabolism and psychiatric genetics. Nine presentations were made at national meetings.

One paper was published, and three were submitted for publication.

Two trainees were engaged in clinical and laboratory research in genetics and psychiatry.

Medical Student Education

Medical students in all four years of training participated in undergraduate medical student education activities at the Institute. Sixty first-year students completed the videotaped life history interview segment of their training through group feedback sessions with faculty at the Institute. Interview skills were further refined in team interviews of Institute patients. In addition, a two-part conference was held at the Institute for first-year students. This conference focused on interviewing, history-taking, and rapport-building aspects of the doctor-patient relationship.

All second-year medical students (46) performed videotaped mental status examination interviews with Institute inpatients. After completion of the tapings, the students participated in group review and feedback sessions led by faculty.

The eight-week Clinical Psychiatry Clerkship was comprised of six groups and a total of 51 MIII students. Twenty-one of these were assigned full-time to the Institute for their psychiatry rotation. All students participated in orientation and conference activities scheduled at the Institute. Involvement of residents in the undergraduate medical student education programs, in addition to supervision received from faculty, has proved mutually beneficial to medical students and residents.

Thirty-eight fourth-year students rotated through the Neurology Service of the Institute as part of their four-week Clinical Neurology Clerkship.

Electives and summer clerkships have provided additional learning experiences for students during the year. Five summer clerkships were completed in July, 1983; nine clerkships are scheduled for this summer. These clerkships are extremely successful as an educational experience for the students and also provide excellent support for research activities. This year, as a part of the Comprehensive Psychiatry Training Grant protocol, an evaluation of the utility of the clerkships in changing attitudes of medical students toward psychiatry will be carried out. It is hoped that this experience will impact favorably upon the students' perception of psychiatry as a medical specialty. An MI Child and Adolescent Psychiatry elective was completed during the year and an MIV credit elective in Psychiatric Genetic Counseling began in June.

Continuing Medical Education Program

The Continuing Medical Education Program sponsored and cospon-

sored several programs for AMA Category I CME Credit Hours during the 1983-84 year. The programs dealt with a variety of topics and featured outstanding, nationally-known speakers. The topics presented include:

- "Aspects of Drug Abuse in Delinquency"
- "Epilepsy: Physiology, Pharmacology and Clinical Management"
- "Geriatrics: Meeting the Challenge to Medicine"
- "Psychiatric and Medical Treatment of the Chronic Mentally Ill"
- "Annual Meeting of the Southeastern Region of the American Association of Psychiatric Services for Children"
- "Management of the Acute Psychiatric Emergency"

In addition to these programs, monthly grand rounds were begun in February, 1984. The topics presented include:

- "Psychiatric Complications of Medical Illness"
- "The Differential Diagnosis of Catatonic States"
- "Major Depression with Psychotic Features"
- "The Clinical Application of Receptor Binding Research"
- "Rapid Tranquilization"
- "Root Medicine"

The total attendance for these programs was 678 and included 391 physicians and 287 nonphysicians. A total of 31.5 AMA Category I Credit Hours were offered.

THE ACADEMY FOR PASTORAL EDUCATION

The South Carolina Department of Mental Health (DMH), in its recognizing the significance of pastoral education for clergy and other pastoral workers in the mental health area, announced on May 11, 1983, the establishment of the Academy for Pastoral Education. The Academy, which is a component in the DMH's Division of Educational and Research Services, is a comprehensive networking program which unifies the efforts of Pastoral education throughout the DMH. The eventual creation of the Academy resulted from more than a year's collaborative study and planning by key community, DMH and denominational officials. The unique formation of the Academy has been hailed by various professional organizations as a creative and innovative model in providing a delivery of pastoral education and care for today's critical systemic needs.

Program interface with community and religious support systems is one of the strongest interests and purposes of the Academy. The Academy's programming takes seriously the single continuum of the interrelatedness between state psychiatric hospitals, the community mental health centers and clinics, and the community religious support systems.

The Academy's program network includes regional area emphases in the state. For instance, the DMH's mental health facilities in the greater Columbia area have joined resources for the formation of the Academy's Midlands Area Program. This area program was accredited on October 10, 1983, by the Association for Clinical Pastoral Education, Inc., to offer designated levels of clinical pastoral education. These midlands facilities (South Carolina State Hospital, Tucker Center, Bryan Hospital, Hall Institute, Crafts-Farrow State Hospital, Columbia Area Mental Health Center, and Morris Village) collaborate with their educational and clinical resources to provide a unified curriculum for pastoral care training. Another area program, which will be called the Piedmont Area Program, is being planned and developed for the upper part of the state.

Dr. Thomas A. Summers, formerly the chief of chaplaincy at the Hall Institute for seventeen years, was appointed as the Director of the Academy for Pastoral Education in May, 1983. Dr. Summers also serves as Pastoral Services Consultant for the DMH. The administrative offices of the Academy for Pastoral Education are located in the Kempson Center, which is the educational wing adjoining the State Hospital's Chapel of Hope.

The DMH has had long-standing support for its pastoral education endeavors. The first permanent program of clinical pastoral education in the Southeast began in 1946 at the S. C. State Hospital. Dr. William S. Hall, the State Commissioner of Mental Health, stated the following in his issuance of the announcement about the creation of the Academy: "The establishment of the Academy for Pastoral Education represents an exciting, new era for the Department of Mental Health in ongoing opportunity of providing training programs for clergy, seminary students, and other pastoral workers so as to enhance the delivery of quality pastoral care for the state's citizenry."

One of the strong curriculum emphases of the Midlands Area Program in the Academy for Pastoral Education has been its involvement with developing religious support systems in the community for the aftercare of former hospital patients.

Four of the Advanced CPE students from the year-long clinical Pastoral Residency program since September 1983, have had the majority of their educational curriculum and ministry related to the DMH's Community Support Program, with particular focus on Richland and Fairfield counties. This CSP relationship has provided the opportunity for these four students not only to have pastoral care training with long-term patients being prepared for discharge from the rehabilitation units of Crafts-Farrow State Hospital and South Carolina State Hospital, but also to nurture and develop church interest in the provision of supportive resources for those patients being discharged into community care homes.

The Columbia Area Mental Health Center has provided staff resources and facilitation in aiding the pastoral students in their follow-through of pastoral support and advocacy with those patients returning to Richland and Fairfield counties.

The Academy for Pastoral Education participated in the sponsorship of two major continuing education events for state-wide community clergy and other interested persons during this past year. The first symposium on "Genetic Disorders and Pastoral Care" was sponsored at the Carolina Inn in Columbia on October 26, 1983. The second prominent continuing education conference was that of a convocation on "The Caring Community" in the Chapel of Hope on the campus of the South Carolina State Hospital on November 29, 1983.

A service of Celebration, which celebrated joyfully the establishment of the Academy for Pastoral Education in the DMH, was conducted on November 29, 1983, in the Chapel of Hope on the campus of the South Carolina State Hospital. The worship service included an opening processional composed of representatives from the various faith groups throughout the state.

The resources of The Academy for Pastoral Education were utilized significantly as a part of the total DMH Disaster response to South Carolina's tornado tragedy of March 28, 1984.

The Midlands Area Program of the Academy for Pastoral Education during 1983-84 enrolled five community clergy from throughout the state in an extended training program once-a-week for nine months, eight clergy in a full-time year of Clinical Pastoral Residency, ten seminary students in a full-time summer clinical pastoral education in 1984, eleven laypersons in an orientation program to pastoral care and one clergy person in a specialized fellowship.

The Academy goals for the July, 1984, through June, 1985, year consist of the following areas: further development and planning for regional programs, cultivating denominational participation in and support of the Academy programming, and fostering a cross-cultural dimension in the educational curriculum of clinical pastoral education.

G. WERBER BRYAN PSYCHIATRIC HOSPITAL

DIRECTOR'S REPORT

Bryan Hospital completed its sixth full year of operation this fiscal year and its mission to provide short-term, intensive psychiatric treatment to a 28-county catchment area has now been firmly established.

This year the trend of admissions increasing each year was reversed

somewhat with admissions dropping slightly from 3,044 for FY 1982-83 to 2,856 for the past year, a decrease of 6%. In addition, the number of patients diverted to SCSH because of overflow dropped from 220 for FY 1982-83 to 114 for this year, a decrease of 48%. The decrease in admissions is believed to have been brought about by the community mental health centers' "Emergency Stabilization Program" which was developed over the year. This program essentially attempts to stabilize patients in the community setting thus preventing hospitalization or an emergency admission. As an outgrowth of this program and a more liberal admission policy at Bryan Hospital, the percent of voluntary admissions to total admissions increased from 6% for FY 1982-83 to 16.6% for this year.

The decreases in admissions and diversions because of overflow was offset, however, to some degree by a 26% increase in the number of patients diverted directly to SCSH for longer term treatment. This has prompted a review and assessment of the criteria used to identify these patients with a view toward assigning some of the patients whose histories suggest they can be effectively treated on a short-term basis to Bryan Hospital again. This step is being taken to assure a greater maximization of bed utilization over the entire year.

Another step being taken to maximize use of male and female beds but also prevent management problems involved changing the pattern of housing male and female patients on the same lodges to setting up 5 lodges for male patients and 2 lodges for female patients. This arrangement will enable Bryan Hospital to admit more male patients, thus decreasing the past recurring need to divert male patients to SCSH because of overflow. Of equal importance, the arrangement will eliminate the need for certain staff monitoring activities that were necessary when the lodges were mixed. It is anticipated that this will free up more staff time for therapeutic activities.

Since the facility received a full 3-year accreditation by the Joint Commission on Accreditation of Hospitals (JCAH) in December, 1982, there were no JCAH activities during the year except for the facility continuing to strive to meet the high standards that were being met at the time of the survey. The facility was surveyed by a National Institute of Mental Health (NIMH) team in connection with certification as a provider for Title 18 reimbursement (Medicare). After a follow-up visit which focused primarily on medical records and staffing patterns, particularly Nursing Service, the facility was certified as a provider of Medicare services.

The hospital's overall goal continues to be to provide effective, intensive, short-term treatment to as many patients as possible from the 28-county catchment area and to stabilize and return these patients to the community in the shortest time possible.

Community and Patient Relations:

In response to the Legislative Audit Council Report and the NIMH Survey, the Community Relations office in its annual review of Memoranda of Agreements with the 11 mental health centers focused heavily on two areas that were causes of concern. First, special attention was given to strengthening the referral process so as to assure that the mental health centers received all the necessary information needed to follow-up patients as soon as possible. In addition, a concerted effort was made to standardize the separate agreements without diluting the content. At this point, the agreements are believed to accurately reflect the cooperative working relationships between the hospital and the mental health centers and they serve as a good mechanism for mutually carrying out the various processes involved in interfacing hospital and community services. Hospital and mental health center liaison persons continue to exchange visits and contacts on a regular basis.

A number of professional and community volunteer groups, ranging from architects to practical nurses trainees, toured the facility during the year as the hospital continued to maintain a climate of openness with the community at large.

In the area of patient rights, the 3 Patient Rights Specialists, with backup from 2 alternates, handled 256 inquiries/complaints over the year. This was an increase of 24% over the previous fiscal year. The nature of the inquiries/complaints are categorized in the following chart:

<i>Category</i>	<i>Number</i>	<i>Percent of Total</i>
1. Complaints originated in the community (about police, probate court hearings, MHC, etc.) . . .	45	15.6%
2. Inquiries made but no complaints registered (requesting discharge, information, assistance, etc.)	105	36.4%
3. Complaints directly related to Bryan Hospital (About staff, treatment, policies, rules, etc.) . .	133	46.1%

NOTE: Some inquiries involved more than one complaint.

All complaints that had any basis were satisfactorily resolved by the Patient Rights Specialists with assistance as needed from the Department's Patient Rights Office.

The components under the Community and Patient Relations office are reported as follows:

Chaplaincy Service

The Chaplaincy Service, composed of one full-time and one part-time Chaplain, provided religious coverage to all patients at Bryan Hospital. A Catholic Priest visited on a weekly basis to see patients of that affiliation. Arrangements were made for coverage by community clergy when indicated. Clinical Pastoral Education students come during the week and render service to assigned lodges. The pastoral services provided included worship services every Sunday morning, special services during religious holidays, and group meetings with every new patient to explain Chaplaincy Services. In addition the Chaplains assisted other disciplines in leading various therapy groups.

The Chaplains take referrals from Treatment Teams and other services to make individual contact and to give pastoral counseling. Spiritual counseling is also provided to employees when needed.

Volunteer Services

Bryan Hospital's Volunteer Service program expanded its community out-reach to encourage widespread involvement in volunteer opportunities. Forty-two regular service volunteers were recruited to provide volunteer services on the lodges, in the activity therapy department, in the library, church services, and in positions as receptionists. These volunteers contributed a total of 1,824.50 hours of volunteer service. Thirteen groups donated 203 hours of volunteer services engaging with patients in a variety of group activities. Various groups donated clothing and hygiene articles, bingo prizes, Christmas gifts, etc. to the hospital. Members of Alcoholics Anonymous (A.A.) were recruited and a weekly A.A. group is available to patients. The Pre-Trial Intervention program was utilized for placing short-term volunteers, many of whom donated more than their required number of hours.

Vocational Rehabilitation Service

With an emphasis upon quality services, the Vocational Rehabilitation Service began to complete routine quarterly audits of casework documentation. Completed audits showed that clients were provided services in accordance with their rehabilitation treatment plan. The staff continued to enjoy their new accommodations with the addition of glass panels, drapes, and doors to each of the offices. The service welcomed a new Chief of Vocational Rehabilitation as the former supervisor transferred to an Administrator's position. During the year approximately 982 patients were interviewed to assess their eligibility for services — they represented 34% of the total hospital admissions. Five hundred thirteen (513) met the eligibility criteria and were provided services in accordance with rehabilitation and mental health procedures. Four hundred thirty-three

(433) clients returned to their home communities where vocational rehabilitation was provided on a local level. Of these, 215 clients participated in the hospital work adjustment program. Ninety-five (95) clients, who remained in the greater Columbia area, received job placement and follow-up services and 66 of these were successfully closed in wage-earning occupations. In summary, the service completed a very successful year, having achieved all productivity goals.

Nursing Service:

Nursing Service has continued to emphasize the professional growth of registered nurses through the Psychiatric Nursing Series. Twelve (12) additional nurses have completed the course.

Emphasis on quality assurance activities has continued to be a priority in Nursing Service with the main focus being in the area of patient care planning and documentation of patient care.

Much attention has been given to staffing needs and increasing R.N. coverage on the individual units. Each unit now has 4 R.N.'s and the Acute Care Unit has 7 R.N.'s. There are 50 R.N.'s at Bryan Hospital presently. Deficiencies cited by NIMH in their January 30-February 1, 1984, survey were corrected by the follow-up survey on May 14 and 15, 1984. In order to maintain certification, it is necessary to continue efforts in recruitment and retention of R.N.'s in order to insure that there is an R.N. on each shift in each unit.

Special attention has been given to improving patient care, documentation, increasing staff-patient ratio, decreasing number of staff injuries, and reduction of usage of seclusion and restraints in the Acute Care Unit.

Bryan Hospital continues to provide clinical placement for nursing students from the University of South Carolina College of Nursing and has provided placement for B.S.N. students during the fiscal year. In addition to these, 9 students were accepted for clinical placement from the Newberry Vocational Center L.P.N. program.

Social Work Service:

The end of Fiscal Year 1983-84 brought with it the first decrease in admissions since the opening of Bryan Hospital. One hundred eighty-eight fewer patients were admitted to Bryan Hospital compared to the previous fiscal year. This was accompanied by a one-half day increase in the average length of stay to just over 24 days for the fiscal year. The small decrease in admissions ordinarily would have enhanced efforts to increase services; however, continued staff turnover, a mid-year employment freeze, and an increased involvement of Social Work personnel as designated examiners and expert witnesses for the probate courts prevented any significant expansion of service delivery. In spite of these obstacles

several notable accomplishments were made during the fiscal year. Discharge planning was improved as well as the documentation of such. Weekly Social Work Progress Notes were initiated in response to an NIMH survey and more structure was added regarding content. A more detailed monthly report format was developed and other quality assurance activities and procedures were more fully implemented. As the fiscal year drew to a close, efforts were being made to implement a plan to provide limited Social Work programming on weekends and after hours. A staffing increase of 2 positions is expected to have a significant and positive impact on service provision and staff turnover during the coming year.

Fiscal Year 1984-85 begins with many opportunities and challenges for creative service delivery to the patients and families we serve. The Social Work department seeks to develop and expand the opportunities while greeting the challenges with optimism and determination during the coming year.

Psychology Service:

The staffing patterns in Psychology Service were modified somewhat during this past fiscal year. In October of 1983, the Psychological Test Technician position was abolished and replaced with a Psychologist III position, who now acts as both a Psychometrist and as a lodge Psychologist with limited duties for 2 lodges. In addition to this position, there are 3 Psychologist III positions (one of which has been vacant since April, 1984, due to position freezes), 2 Psychologist IV positions, and 1 Chief Psychologist position. The addition of the Psychologist III position has allowed at least minimal coverage for all 7 lodges.

During this fiscal year the Psychology staff provided 1,080 individual therapy sessions, 400 group therapy sessions, and 110 family or marital therapy sessions. There were 811 screening interviews conducted and 250 psychological evaluations. The Psychology staff saw 8,295 patients and provided 3,105 hours of direct contact, which accounted for 5,570 patient hours of service rendered.

Additional time in treatment teams, rounds, and consultations accounted for another 1,613 hours of service. There were 354 hours spent in in-service education and in committee work and 298 hours in supervision.

The Psychometrist/Psychologist III completed 216 screenings which accounted for a savings of over 500 hours of clinical time.

In October, 1983, a change in the manner in which probate court examinations and hearings are conducted occurred and resulted in the appointment of hospital personnel as designated examiners. As a result, the Psychology staff examined 198 patients and testified at 85 court hearings since October, 1983.

Activity Therapy Service:

During Fiscal Year 1983-84, Activity Therapy Service contributed to the total therapeutic milieu through Art Therapy, Music Therapy, Occupational Therapy, Recreation Therapy, Cosmetology Services, and the Patient and Professional Library.

Dual programming was emphasized by provision of structured, goal-oriented groups during weekdays, and Constructive Leisure Activities in the evenings, on weekends, and all holidays.

There was a total of 7,422 referrals to Activity Therapy goal-oriented groups, indicating each admission was referred to approximately 3 groups. Patients were referred to groups based on individual Activity Therapy Service Assessments and recommendations from the treatment teams. Goal-oriented groups included Art Therapy, Music Therapy, Occupational Therapy, Basic Living Skills, Sensory Integration, Progressive Relaxation, Fitness, Sports and Games, Weight Training, Health Awareness, Aquatic Movement, Leisure Counseling, Socialization, Adaptive Recreation, Hostility and Aggression, and Communications.

Art Therapy and Music Therapy were provided by 2 therapists, in each discipline, for patients on all lodges. A total of 881 referrals were made to Art Therapy, which constitutes 31% of all admissions. Music Therapy received a total of 1,255 referrals, which constitutes 44% of all admissions.

Occupational Therapy groups were conducted by 3 Occupational Therapy staff members. A total of 1,350 referrals were made to Occupational Therapy, which constitutes 47% of all admissions. The Occupational Therapy Intern Program remained active, training a total of 3 interns during the year.

Recreation Therapy received 3,936 referrals during the year, indicating each admission was referred to more than one Recreation Therapy group. In addition to goal-oriented groups, Recreation Therapy provided a variety of Constructive Leisure Activities.

Constructive Leisure Activities are leisure-oriented, patient selected activities. There were 1,739 Constructive Leisure Activities conducted, averaging 26 patients in attendance per activity. A weekly Constructive Leisure Activities schedule was posted on each lodge to increase patients' awareness of available activities which included sports, games, socials, dances, movies, cultural, and seasonal events.

Male and female Cosmetology services were provided by 2 Registered Cosmetologists. A total of 1,852 Cosmetology services were provided, indicating that two-thirds of all admissions received Cosmetology services.

Library services, for patients and staff, were provided through the Patient and Professional libraries. Library hours for patients included weekdays, evenings, weekends, and holidays. The librarian continued to

make library materials available to all patients by circulating library materials to lodges and the Acute Care Unit. This process was facilitated by the donation of a mobile book cart from State Park Library closing. A large quantity of current books were donated to the library through a Federal Free Book Program. The Professional Library continued to provide valuable information for staff through journals, professional literature, video materials, cassette tapes, and acquisition of other library materials through the Inter-library Loan Service with surrounding libraries.

Medical Administrative Service:

Services rendered by this department continue to increase. The number of examinations/hearings at the hospital have substantially increased due to the focus by the Department of Mental Health and Court Administration.

We were surveyed and approved by NIMH. Our Medical Records Section was deemed to be in very good order and only one recommendation was given for more detailed aftercare plans to be included on the Final Summary.

Total Admissions 2,886

The number of voluntary admissions has increased due to emphasis at the mental health centers and clinics. Many request their release within a few days after admission. This has brought about the need to instigate judicial commitment proceedings on cases not ready for release.

Total Discharges 2,877

Regular Discharges	1,165
Discharged by Court	1,444
Transferred to other DMH Facilities	183
Discharged at Own Request (voluntary)	88
Deaths Occurring at BPH	0

Of the 28 counties we serve, 15 now appoint hospital personnel as designated examiners. However, we still make a considerable number of trips to the community because only 10 come to the hospital to hold the hearing.

Trips for Exams and Hearings 888

Patients Transported 1,929

Designated Examiners Furnished by BPH 1,307

Hearings Held at BPH 296

Correspondence continues to be heavy.

Number of Requests Processed	3,241
Medical Records Photocopied	1,929
Medicare Claims Submitted to PPA	431

Utilization Review

New Admission	704
Medicare	180
Fifth Admission	511
Medicaid	7
Medicare/Medicaid	6
Recertification	307
Number of Denials	4
Medicare Audits	425

Our Word Processing Center has also felt the increased demand. This year we received and transcribed 52,530 minutes of dictation in addition to 1,800 Social Service Reports which were typed from hand-written copy.

Our CPT Word Processor is invaluable as over 3,090 separate reports, letters, etc. have been generated through this system. However, our Word Processing equipment is now inadequate to serve the needs of this facility.

Dietetics and Food Service:

The Food Service Department has continued to provide wholesome, attractive, and nutritious meals to patients and employees. Our meals met all nutrient requirements for the Recommended Dietary Allowance, 1980, by the National Research Council. Three Food Acceptance Surveys were conducted this fiscal year. The results were satisfactory to the Department and the Quality Assurance Committee.

The facility's nutritionist counseled and assessed patients on the therapeutic diets. She also completed nutritional consultations as referred by the psychiatrists. The number of referrals has been accelerated.

Material Management Service:

The Material Management Service has continued to procure, safekeep, and deliver materials, equipment, and supplies to all components of the hospital.

Linen Service: The Linen Service continued to ensure that patients' needs for linen and dry goods are met. The Linen Service has developed a system of linen issues and receipts which places much tighter controls and enables them to know exactly how much linen and dry goods are issued and received from each lodge.

Housekeeping Service: The Housekeeping Service continued to main-

tain the facility in a clean, sanitary, and attractive condition. Two employees attended the annual pest control operators seminar sponsored by Clemson University and received licenses to be Pest Control Operators. The Executive Housekeeper transferred to the Dowdy-Gardner Nursing Care Center, a new facility of the Department of Mental Health.

Canteen Service: The hospital canteen and vending machine operations continued to provide high quality services for patients, staff, and visitors. The vending machines are now being served by ARA Vending Services of Greenville, South Carolina.

Pharmacy Service:

Fiscal Year 1983-84 brought several significant changes to Bryan Hospital Pharmacy Service. Throughout the fiscal year the drug distribution system gradually adopted the unit-of-dosage form packaging and the Bryan Hospital Pharmacy Service deleted several medications from the bulk drug stock on the patient care units. In February, 1984, the Pharmacy became an official supply point within the SCDMH Inventory Control Division. In May, 1984, the prime vendor drug procurement program was implemented.

The Bryan Hospital Pharmacy Service provided primary pharmaceutical services which consisted of the dispensing of limited bulk medications, individual patient medications, discharge prescriptions, and controlled drugs, in addition to the profiling of physicians' medication orders, etc. Primary pharmaceutical transactions per employee (Pharmacist) approximated 38,583 for the fiscal year. The Pharmacists continued to provide comprehensive clinical pharmacy services to the patients and staff.

The Bryan Hospital Pharmacists attended work related seminars and workshops when time permitted to maintain their professional expertise and to keep abreast of changes and developments concerning medications.

C. M. TUCKER JR. HUMAN RESOURCES CENTER

DIRECTOR'S REPORT

Tucker Center continued to serve effectively as the Teaching Nursing Home of SCDMH, with strong emphasis on quality patient care offered by multidisciplinary treatment teams under medical direction, supported by active community involvement. Despite unwarranted criticism arising from unsubstantiated allegations of patient abuse and neglect, the Joint Medical/Dental Staff of Tucker Center adopted the following resolution

on February 10, 1984: We, the Joint Medical/Dental Staff of the C. M. Tucker Jr. Human Resources Center, hereby declare our firm commitment to quality patient care. We will not tolerate any form of patient abuse or patient neglect in this facility. We fully accept our legitimate responsibilities to our fellow citizens who are entrusted to our care. We freely acknowledge our gratitude to the people of South Carolina who have generously supported the care of the mentally ill, the physically handicapped, and the frail elderly. We reaffirm our steadfast belief that under the leadership of the South Carolina Mental Health Commission, the State Commissioner of Mental Health, and the Assistant State Commissioner, the Department of Mental Health has planned, developed and implemented a system of comprehensive mental health care which is among the best in the United States.

New records were set in nearly every category of operations at Tucker Center. An all time high budget of \$8,951,429 included \$5,285,255 in State appropriated funds, plus \$3,027,907 in Medicaid, which accounted for 82.6% of total revenue for FY 1983-84. This Budget paid salaries for 475 employees providing care and treatment for an average daily census of 533 patients, representing 88% occupancy, which rose to 96% near the end of FY 1983-84. There were 637 admissions, 509 discharges, and 29 deaths, with 194,509 total days of care provided during FY 1983-84. However, staff-to-patient ratio increased negligibly from 0.77 to 0.81, so that licensed nursing personnel continued to be in demand during the whole year. Nevertheless, all seven wards of the Roddey Pavilion were fully occupied by October 1983. Following DHEC approval of a Certificate of Need in December 1983, about 100 SCDMH patients needing skilled nursing care were transferred from other inpatient facilities to 100 SNF beds in the Fewell Pavilion during January 1984, completing occupancy of all 13 wards in Tucker Center's three pavilions, as follows:

Fewell Pavilion:	100 SNF beds plus 50 dual-certified beds
Stone Pavilion:	150 ICF beds
Roddey Pavilion:	308 ICF beds.

ADMINISTRATIVE SERVICES

Under supervision of Robert G. Miller, Assistant Administrator, the five components of Administrative Services coped effectively with expanding needs.

Food Service moved toward new levels of achievement under the leadership of Sallie Hall, R.D. and Joyce Gilbert, M.N.S., who joined the CMTHRC Staff in November 1983. Reorganization with new policies and procedures clearly improved Food Service operations, shown by marked reduction of the frequency of deficiencies cited during the

annual DHEC survey in May 1984. Production also increased during the latter half of FY 1983-84, when more than 300,000 meals were served, excluding nasogastric tube feedings.

Pharmacy Service completed its conversion of all 13 wards at CMTHRC to the Unit Dose System. Under the supervision of Wallace Quarles, R.Ph., three full-time pharmacists consistently exceeded 6,000 transactions each month by the end of FY 1983-84.

Registrar Service was reorganized in January 1984 under the supervision of Lynne A. Williams, R.R.A., as follows: 1) Admissions/Disposition 2) Cashier's Office 3) Medical Records 4) Word Processing. During FY 1983-84, Registrar Service processed 194 direct admissions and 443 transfer admissions from other SCDMH facilities, accounting for 195 direct discharges, 314 transfers to other SCDMH facilities, and 29 Death Certificates. In addition to handling patients' personal funds, the Cashier's Office processes about 120,000 pieces of mail annually.

Supply and Services also set new records for laundry services by handling about 1,200,000 pounds of laundry during FY 1983-84, in addition to providing essential supplies and internal transportation services, under the supervision of David Smith, C.E.H. and Jacob Arnold.

The Staff Development Program was transferred from Nursing Services to Administrative Services in December 1983. Coordinated by Rowena Myers, R.N., the Staff Development Program gave 997,802 student-hours of training in FY 1983-84. In December 1983, a Learning Needs Assessment survey was sent to all CMTHRC personnel, with a return rate of 64%. In May 1984, the new Geriatrics/Gerontology Patient Care Series was launched by Professor Barbara Haight of the USC College of Nursing's Department of Gerontology. This series will continue during FY 1984-85.

MEDICAL SERVICE

Reorganization of the Medical Service under direct supervision of the Director allowed flexibility during major qualitative and quantitative changes in patient care needs as Tucker Center reached 96% occupancy at the end of FY 1983-84. Rosita C. Dizon, M.D., joined the Medical Staff as Medical Section Chief, Fewell Pavilion in May 1984. A. M. Davani, M.D., continued as Medical Section Chief, Stone Pavilion. Victor Estaba, M.D. and Robert Poiletman, M.D., served as Medical Section Chiefs of Roddey Pavilion South and Roddey Pavilion North, respectively. An expanded after-hours Physicians Call System was established to provide continuous availability of a physician on the premises of Tucker Center, assuring adequate coverage for medical emergencies. With the addition of a sixth attending physician (Dr. Dizon) in May 1984, the physician-patient ratio was reduced from 1:120 to 1:100. As a function of the Teaching Nursing

Home, three General Psychiatry Residents from the William S. Hall Psychiatric Institute completed six-week clinical training rotations at Tucker Center during the academic year.

NURSING SERVICES

Reorganization of Nursing Services under the continued supervision of Mary J. Mobley, R.N. was completed in November 1983. Loretta Chestnut, R.N. became Associate Director, Nursing Services, directly supervising all Nursing operations in Stone Pavilion and in Roddey Pavilion South. Sandra Cochran, R.N. was appointed Associate Director, Nursing Services, directly supervising all Nursing operations in Fewell Pavilion and in Roddey Pavilion North. In October 1983, the final two ICF wards of the Roddey Pavilion were occupied by transfer of all patients from Wards 110 and 112, Fewell Pavilion, so that the vacated wards could be renovated as Skilled Nursing Facility wards by the end of December 1983, when the South Carolina Department of Health and Environmental Control issued a Certificate of Need for 100 additional SNSF beds at Tucker Center. The entire Fewell to Roddey transfer operation required only four hours. An even more remarkable feat came in January 1984, with the admission of about 100 SNF patients, transferred by ambulance from Byrnes Medical Center and Crafts-Farrow State Hospital, with 35 admissions in a single workday. Despite the continuing need for additional licensed nurses to meet JCAH/DHEC standards, Nursing Services continue to provide rehabilitative nursing care of high quality. Continuing a tradition begun in 1974, CMTHRC Nursing Services assisted the USC College of Nursing with hands-on clinical training of 25 senior baccalaureate nursing students, bringing the total number of USC Nursing students trained at CMTHRC to more than 300 in the past decade.

Housekeeping Service continued its unbroken record of meeting strict DHEC and VA standards, presenting visitors, families, patients and staff with a clean, attractive environment which evoked compliments throughout the year.

Housekeeping leadership was recognized for the second year in a row by the Mid-Carolina Chapter of the National Executive Housekeeper's Association, Inc. Ms. Queen E. Cromer, C.E.H., Executive Housekeeper, received the Housekeeper of the Year Award in 1982 and Ms. Blondell Williams won this award in 1983.

ANCILLARY SERVICES

Under the supervision of Roland Rainwater, M.Div., director of Ancillary Services, the five component services showed continued growth,

effectively coping with major changes in patient care needs during FY 1983-84.

Activity Therapy Service maintained a high level of planned recreational activities, emphasizing traditional holidays like the State Fair, Halloween, and Thanksgiving. Patients, families and CMTHRC Staff enthusiastically participated in the Easter 1984 Hat Show at Roddey Pavilion in April, and in the First Annual Family Day Picnic at Stone Pavilion in May 1984, attended by 400 happy participants. Led by James M. Brown, T.R.L., Chief, Activity Therapy continues to develop the creative talents of patients and staff alike.

Pastoral Care Service forged ahead under the supervision of Hayden Howell, M.Div., Chief, developing an effective clinical affiliation with the SCDMH Academy for Pastoral Education. Seven Pastoral Residents participated in this program during the year. In addition, five seminarians and their Clinical Pastoral Education Supervisor-in-Training on Summer assignment contributed 60 hours of direct patient care each week. With the addition of Harold Adkins, M.Div., appointed Associate Chief in October 1983, Pastoral Care Services set a record of 5,000 pastoral visits, 375 counseling sessions, 180 family contracts, during FY 1983-84. In addition, Pastoral Care conducted seven funeral services for deceased patients who were not claimed by relatives.

Rehabilitation Services (Physical Therapy, Occupational Therapy, Speech and Hearing) continued the process of interdisciplinary integration which began in FY 1982-83, under the supervision of Myra Ramsey, M.S.P., Acting Chief. Without the services of a full-time physical therapist during the first half of the year Rehabilitation Services nevertheless enrolled 199 patients, performed 216 evaluations, gave 8,907 treatments, and discharged 88 patients during FY 1983-84. Carol Guardiola, R.P.T. took charge of Physical Therapy in January 1984. The search for an appropriately qualified Occupational Therapist will continue during FY 1984-85.

Social Work Service completed its reorganization under the leadership of Gwendolyn Stevens, A.C.S.W., Chief, reaching the projected caseload of 100 patients per social worker. At the end of FY 1983-84, the following Social Workers had become members of the CMTHRC Staff: Linda Baker, M.S.W. (June 1984); Judith Hynson, M.S.W. (January 1984); Cheryl Powell, M.S.W. (May 1983); Tanya Stewart, M.S.W. (June 1983) and Joetta West, M.S.W. (February 1984). The Social Work Peer Review System was put into operation in August 1983, serving as a model for other services at Tucker Center. As planned, two MSW interns from the USC College of Social Work completed clinical placements during the academic year.

Volunteer Services, led by Ms. Linda Epting, launched two innovative

programs which were enthusiastically accepted by patients and staff. The CART (Caring Activity for Residents of Tucker) was started at the beginning of the year, with five Volunteers who provided one-to-one care for selected patients who asked for CART.

The Pet Therapy began in May 1984 at the Roddey Pavilion, involving six Volunteers, a beautiful Persian Cat, and a magnificent array of dogs — ranging from Cocker Spaniel to Great Dane. Tucker Center thus became the first SCDMH facility to offer this unique program. Volunteers hosted 124 other special activities, in addition to weekly singalongs and monthly birthday parties, giving 3,700 hours of services valued at more than \$24,000 during FY 1983-84.

QUALITY ASSURANCE

Coordinated by Louise A. Shirk, R.N., Quality Assurance monitored documentation of patient care throughout the facility, pre-evaluated applicants for admission, and assisted the Quality Assurance Committee, the Utilization Review Committee, and the Director and the CMTHRC Administrator in problem-solving. Patricia May, R.N. was appointed Assistant Quality Assurance Coordinator in January 1984, serving as Acting Quality Assurance Coordinator from May 1, through the end of FY 1983-84, the most successful year in Tucker Center's history.

EARLE E. MORRIS, JR., ALCOHOL AND DRUG ADDICTION TREATMENT CENTER

OFFICE OF THE DIRECTOR

Fiscal year 1983-84 was a significant one for Morris Village. In November, 1983, Mr. David Lever was employed as Administrator and brought to the Village a broad background in administration as well as extensive treatment experience.

His employment strengthened the management team of the Village, and he immediately began to develop more effective and efficient techniques for monitoring the expenditure of funds, and improved fiscal accountability.

Programmatically the Village continued to provide a wide range of quality treatment services to residents. Treatment staff have continued to stretch themselves to assure that appropriate treatment offerings continue. Pre-Admission screening, and the Special Treatment and Evaluation programs continue to identify individuals for whom the Village is not an appropriate treatment setting, with appropriate referral, as well as to assure that the special treatment and evaluation needs of individuals admitted are addressed.

The Management Information System continues to provide important data with regard to the utilization of staff time and energies, and quality assurance, utilization review activities as well as specific program evaluations will be implemented during the ensuing Fiscal Year.

Finally, C. Edgar Spencer was named Deputy Commissioner for Alcohol and Drug Addiction Services. His appointment broadens the scope of responsibility for the division, and promises to assure wider treatment services to addicted residents of the State.

OFFICE OF PROGRAM DEVELOPMENT AND TRAINING MANAGEMENT

This past fiscal year has been a year of managing change. With the recovery of a portion of the staff positions lost in the previous year's reduction, we were able to reopen one of the three closed cottages. A mid-year freeze on hiring again required more intense management of available resources in order to continue to provide quality treatment services to our patients. This office was heavily involved in these processes. A reorganization that placed a Data Manager/Research Analyst and the Quality Assurance Coordinator together in this office provided a better managing section. The QA process was begun. Unfortunately, the QA position was vacated and caught in the freeze. Cooperation between the Data Manager and the other concerned staff allowed the process to continue even if at a reduced level.

With training funds once again being available, the training program for staff increased. The limited amount of training and travel funds necessitated a close management of that allocation. The in-service schedule of training events has been continued and expanded. Offerings to staff in clinical areas as well as specific training for administrative and support staff were provided. The Village also continued its support of the South Carolina School of Alcohol and Drug Abuse by sending participants, group leaders and special topic presenters.

Adult Education

The Adult Education section was significantly changed during this year. Because of the continued problems encountered with the two local school boards' support of our program, a Therapeutic Assistant position defined as an Adult Education teacher and clinician, was established. The Adult Education section was placed under the supervision of the training coordinator, and the reallocation of rooms allowed for a permanent classroom. These changes have brought about a significant number of patients being enrolled in Adult Education with a significant increase in the number of patients completing their GED.

Library

The Village library has been expanded by moving it to a new location that doubles the available floor space. This move will now allow for a staff/resident reading area and increased shelf space. Unfortunately, our Librarian/Volunteer Services Coordinator made a career decision that took her away from the Village. The position was caught in the hiring freeze and resulted in the position being vacant through the last quarter of this year. This limited both the effectiveness of the library for staff and residents and limited the access to resources listed below.

The Morris Village library participates in the SCDMH Inter-Library Loan Program whereby professional journals can be borrowed from State Hospital, Hall Institute, Crafts-Farrow and Bryan Hospital libraries. Inter-Library Loans are available from the South Carolina State Library and through it Cooper Library at USC; the School of Medicine Library and other Columbia Area medical libraries; and Richland County Library. Through SALIS (Substance Abuse Librarians and Information Specialist) Morris Village has access to other collections for alcohol and drug abuse materials throughout the world.

To provide the maximum use of library materials there are reading centers in each of the cottages and in the women's and staff lounges. Volunteers donate many of our books and keep the library open many evenings and weekends.

The library acts as a resource to staff by providing the inter-library services mentioned above and by a periodic review and update of subscriptions to professional journals received through the library and available to all staff. It also acts, in the interest of primary prevention as a resource to the community by providing information on substance abuse, mental health, and Morris Village to those who request.

Volunteer Services

Volunteer Services is one of the community liaisons of Morris Village. The Volunteer Services Coordinator requests and accepts contribution of materials and services from the community and channels them to the department in which they can be most useful. She works with staff to develop volunteer programs and recruits volunteers requested by Morris Village staff. The coordinator also orients the volunteers to the facility, keeps records of their services, and is responsible for their quarterly reviews. The coordinator is also responsible for their recognition. The Morris Village Volunteer Services Coordinator works with other SCDMH Volunteer Coordinators as well as with the Mental Health Association, Volunteer Action Center, and the South Carolina Association of Volunteer Administrators to provide programs that enrich treatment at Morris Village.

MEDIA CENTER

A major emphasis of the Media Center has always been production of media for training and education. With an increased awareness and utilization of media, staff requests have increased for both production media and in the past year, a greater demand for consultation in utilization of media.

Consulting individuals and groups on production techniques, utilization and media management has consumed much of the energies of the Media Center's staff. Although the major emphasis has been working with the Morris Village staff, varied media services had been provided increasingly to other mental health facilities and other state agencies. Design and planning for the installation of closed circuit ETV through the ITFS System has consumed much time this past year. Site planning and content programming for Morris Village and other agency components has become a major concern. The Media Center staff includes a Multi-Media Consultant and an Audio Visual Specialist who also produces all graphics materials. Graduate interns from the USC School of Library and Information Science and the Department of Media Arts have also added their skills and expertise to media projects.

ACTIVITY THERAPY SERVICES

Activity Therapy Service continued to provide a wide range of treatment offerings. Currently the Activity Therapy Program consists of Recreation Therapy, Music Therapy, and Hortitherapy. Specialized referral groups are offered within each profession and are coordinated in conjunction with other treatment issues. These groups include, but are not limited to: Leisure Counseling, Progressive Relaxation, Basic Guitar, Active and Passive Leisure Skills, Weight Training, Jogging, Ceramics, Hortitherapy, Macrame, and Movement and Music. Although the teaching of a skill is an important part of specialized Activity Therapy groups, doing this often allows the therapist to create a non-threatening environment in which more subtle and sensitive areas can be approached. In addition to specialized referral groups, Activity Therapy staff are involved in Group Therapy, Individual Therapy, and the Educational Lecture Series.

Another important aspect of the Activity Therapy Program is Group Dynamics. This innovative program was initiated in 1982 in response to a need for more group cohesion within the psychotherapy groups. Upon admission, all residents are assigned to a Group Dynamics Class which corresponds to their assigned psychotherapy group. Group Dynamics attempts to promote group cohesion and facilitate communication by involving the members in activities that encourage group building, risk

taking, communication, and social interactions.

For the sixth consecutive year, Activity Therapy Service has been involved in a social integration program with Morris Village residents in the form of a softball team that plays in a regular city league. This provides many residents their first opportunity for participation in organized sports as well as preparing them to re-enter the community. The focus is on participation rather than winning and the resident must earn the right to be a member of the team, as membership is based not only on skill level but on how the resident is participating in other areas of his treatment.

Activity Therapy also offers diversionary activities in the evenings and on weekends. This program is designed to offer informal constructive leisure activities in which the resident can participate without being under the influence of chemicals. For example, dances allow residents to experience this event sober — a first for many of our residents.

The Activity Therapy Department continues to offer a twelve week internship program which is designed to provide an intensive, supervised clinical experience for the recreation therapy student. During this year three interns were trained at Morris Village. The intern is directly involved in planning, conducting and evaluating therapeutic activities, while functioning as a member of the Treatment Team.

Finally, the fiscal year involved several positive changes for Activity Therapy Service. The department was relocated to improve office space, a new Weight Training/exercise room was acquired, and the Social Room is being converted to provide a more therapeutic environment for the addicted patient. Also members of the Activity Therapy staff have continued to represent Morris Village by giving presentations at local, state, and National meetings.

PSYCHOLOGY

The Psychology Department at Morris Village provided the same quality services as in past years. These services include administering psychological evaluations, engaging residents in individual and group psychotherapy, and providing coverage for all Treatment Teams. In addition, Psychology staff members have served as Treatment Team chairpersons, and as leaders of Speciality Groups (i.e., Women for Sobriety, Assertiveness Training). It should be noted that Psychology Department personnel have also served as lecturers in the Lecture Series, as guest speakers for AA/NA, and as clinical supervisors for other staff members at Morris Village. A close relationship with the physicians at Morris Village has continued, and members of the Psychology Department have consulted with them regarding initial screenings of residents and the determination

of whether referrals to other psychiatric facilities are appropriate.

The department was able to fill a Psychologist II vacancy, a position formerly lost during the 1983 Reduction in Force. This position is currently assigned to the Special Treatment and Evaluation Program.

Members of the Psychology Department have served on a variety of committees within this facility and within the Department of Mental Health, both as members and as chairpersons. These committees include the Human Relations Council, Credentials Committee, Primary Prevention Committee, Medical Records Committee, Dress Code Committee, Research Committee, Library Committee, and the Management Information Systems Committee. In addition, Psychology Department personnel have served on Department of Mental Health Boards of Inquiry and Clinical Standards Review Committees.

In order to increase their skills and general expertise, Psychology Department personnel have attended a variety of workshops during this past year. Psychology personnel have also led several workshops and seminars. These workshops have been conducted at Morris Village, S. C. Commission on Alcohol and Drug Abuse, the Greenville Mental Health Center, and the Columbia Area Mental Health Center. In addition, one staff member published a paper in the *Hall Institute Forum*. The article has since been accepted for publication in a neuropsychiatric journal.

SOCIAL WORK DEPARTMENT

There were staff changes this year resulting in the loss of two clinically trained workers; however, by filling a vacancy extending from the previous year and the above losses, our staff complement included ten clinical staff plus an administrative specialist. We began the 1983-84 fiscal year in the process of filling a Clinical Social Worker vacancy. Thus our position breakdown is: Six Clinical Social Workers, three Social Workers, two Mental Health Counselors and, an Administrative Specialist.

We were able to accomplish our projected goals for the year: a "Women For Sobriety" group was begun and continues to provide a structured, supportive experience for women residents to complement services offered in the regular treatment program.

Additionally, an evaluation of the intensive family therapy program, begun during fiscal year 1983-84, was accomplished and pointed out the merits of its underlying concepts. With modifications due to overall staffing constraints, this program continues to be operational.

Noteworthy was the degree of staff participation in providing in-house training and, training experiences for larger community groups. Several staff presented papers, led training groups and, met with interested

community groups, focused on problems, needs and treatment of the chemically addicted. Our teaching/training relationship continued with USC College of Social Work and, the School of Education. A total of five students, (3MSW and 2 Ph.D candidates) completed an internship under our auspices. And, in keeping with our thrust on excellence and quality staff maintained appropriate professional certification or, were moving toward that goal. (ACSW and Addictions Counselor)

The year ended with the completion of a "Socio-Cultural History and Assessment" form developed by two senior staff aimed at streamlining the intake/staffing process. During the coming year we hope to determine its effectiveness. It also ended with completion of the revised operational manual for the Social Work Department.

AFTERCARE SERVICE DEPARTMENT

Development of a closer relationship with Alcoholics Anonymous, Narcotics Anonymous and Al-Anon remained a priority during fiscal year 1983-84. In July 1983, approval was granted to establish the "Faison Drive Group of Narcotics Anonymous" and the "Faison Drive Group of Al-Anon." Meetings available for resident attendance were increased: Alcoholics Anonymous from five to eight per week; Narcotics Anonymous from two to five per week; and Al-Anon meets once per week. Past and present residents attended these meetings over 26,000 times. Approximately 350 residents asked for and were assigned temporary Alcoholics Anonymous or Narcotics Anonymous sponsors.

During the year a staff of volunteer workers, to assist in the Alcoholics Anonymous, Narcotics Anonymous and Al-Anon meetings was established. Today there are ten volunteers registered with volunteer services working with these programs.

Aftercare planning and referral continues to be a vital part of the Morris Village Treatment plan. Shortly before the resident's scheduled discharge, aftercare arrangements are finalized and an appropriate referral made. The Aftercare Department made approximately 800 referrals to local programs, the majority of these to community mental health centers or county commissions on alcohol and drug abuse.

The Court Liaison Unit was merged into the Aftercare Unit. The Court Liaison counselor has continued to provide paralegal service to adult residents at Morris Village with criminal, civil or domestic problems. The total number of residents referred to the Unit was 564.

We have continued to provide the same liaison services both to the resident population and to the legal and judicial communities across the state. Our representative also functions as casemanager and group therapist in regular and special emphasis groups, provides appropriate

coverage to the four treatment teams, and represents the department on Patients' Rights Committee and the Primary Prevention Committee.

Our Memorandum of Understanding with the S. C. Department of Corrections has been updated, resulting in utilizing the maximum number of beds set aside for them at any given time.

In addition, the Court Liaison representative has attended and testified in 34 parole hearings and 9 court appearances.

The Morris Village Community Residence Program maintained licensure for 10 males and 8 females. Residents of the Community Residence Program paid over \$23,000 in rent. Forty-five admissions were made during the fiscal year with an average daily census of 15. The Bed Utilization Factor is over 86% and an average of 26 persons were on the waiting list throughout the year.

The highlight of the year for Aftercare Services occurred in August when the "Second Annual Morris Village Alumni Reunion" was held. Over four hundred and thirty past residents, staff and other interested persons were in attendance. A "Celebration of Recovery" was the theme and the reunion proved to be successful.

Several members of the Aftercare Staff served as faculty of the South Carolina School of Alcohol and Drug Studies. Several staff members made presentations and workshops during this fiscal year.

CHAPLAINCY DEPARTMENT

The department of Chaplaincy at Morris Village provides pastoral and educational services in three primary areas of the Village.

In direct resident care, chaplains provide pastoral care services to all residents, including worship services, individual, group, and family therapy, and pastoral counseling designed to address specific treatment issues for chaplaincy referrals. In addition, chaplains serve as pastoral consultants for all Village treatment teams.

The Clinical Pastoral Education program provides CPE training through a full-time year program September through August and a full-time unit during the summer. Both basic and advanced levels of training are available.

Chaplains also provide informal pastoral care as well as formal pastoral counseling for all staff members of the Village, as needed. Additionally, members of this department are continually involved in a variety of treatment programs and committee activities in the Village.

This department has undergone positive growth during the past year. The program is actively involved with the SCDMH Academy for Pastoral Education. We have had two full-time students in this program during part of the year. Four additional students have a partial assignment in this setting.

NURSING SERVICE

Nursing Service provides a wide range of services to Morris Village residents. Registered Nurses and Licensed Practical Nurses are on duty twenty-four hours per day. Nursing Service personnel monitor resident cottages, provide orientation for new residents, and coordinates and chaperones residents for medical services at other Department of Mental Health facilities. Additionally, nurses function as members of treatment teams and as therapy group leaders and/or co-leaders. Our general goal for this year has been to provide the best possible care for residents of Morris Village.

MEDICAL SERVICES DEPARTMENT

Medical Services are provided at Morris Village by three physicians. The medical staff continues to be responsible for the medical evaluation of all residents; a process that begins with the Pre-Admission screening and continues as needed through the stay of the resident in the Village.

The Pre-Admission screening allows the physician to recognize, prior to admission, any medical or psychiatric condition that could preclude admission to the Center. After the resident is admitted, the medical staff completes a physical examination and medical history. Medical treatment is initiated when appropriate or referrals to appropriate clinical consultations are made when indicated. Medical Services provides attention to residents as needed through daily Sick Call, which is done as a first service in the morning. When indicated, confinement is provided for residents in the Village Infirmary, where the attending physician will provide follow-up.

The medical staff continues to work closely with the Treatment Teams which enable all staff members in the Village to obtain a better understanding between the medical and other treatment services of the Center.

YOUNG ADULT PROGRAM

This has been a year of stability for the Young Adult Program and its School Program. There was a brief period during which referrals declined in comparison to previous years, but demand for services has again increased. The opening of several proprietary programs is assumed to be the cause of the temporary decrease; the twelve beds located at Morris Village remain the only treatment beds for adolescent substance abusers that are publicly funded. One hundred and two residents were served during this year.

The Outdoor Education Program has moved into new areas during this past year. Three canoeing expeditions were conducted (two on the North Fork of the Edisto, and one on the Enoree River), and residents and staff

conducted a five day service trip to the new Foothills Trail. The group packed in and spent the days clearing brush and preparing campsites for the use of others. As usual, monthly trips were also made along the Chattooga River Scenic River Trail in upper South Carolina.

Specialized groups continue to be a focus of the treatment effort in addition to more traditional services. Special activities have been increased, concentrating on using community educational and recreational resources to supplement in-house programs. The Drug Education series has become more formalized and a "package" is being developed that includes the basic information deemed necessary for informing clients about the realities of substance use/abuse. Men's and women's groups continue to highlight developmental issues relevant to the teen years, while leisure counseling and home economics address basic life skills. All residents complete a Personal and Social Skills curriculum while in treatment. Both Family Therapy (individual families and conjoint groups) and a specialized Family Issues Group are offered regularly. Much effort is devoted to encouraging families to become involved in the recovery process. Aftercare and court liaison functions have been combined to provide more efficient and effective discharge planning.

The third annual benefit luncheon was held June 7th, providing an opportunity to replenish the Special Activities Fund as well as a time to strengthen inter- and intra-departmental relationships.

Staff continue to serve actively in a variety of youth-related organizations and committees at the local and state levels.

Plans for the coming year include development of an evaluative research design for the unit, and renewed efforts in the areas of staff development and training.

SPECIAL TREATMENT/EVALUATION PROGRAM (STEP)

The STEP unit has remained limited to clients with significant medical and/or psychiatric problems that need to be evaluated before a resident can be considered for admission to the standard Morris Village treatment regimen. While in the evaluation program, clients receive recreation therapy, participate in the Lecture Series and have group therapy four times a week. Most residents remain in the evaluation program no longer than three weeks; by the end of that time, they will have been referred to a more appropriate treatment setting (either within Morris Village or through another facility or agency), or will have received maximum benefit and been returned to their home communities.

During this year, 275 residents were seen by the STEP staff for evaluation; all admissions are seen by the STEP staff for assessment assignment to treatment teams.

During the year the STEP unit has both recommended and implemented changes in admission procedures (especially as they relate to complex referrals or clients with unusual problems). The policy of making referrals for clients not accepted for treatment continues.

Involuntary admissions have increased during the past year, as have the number of clients who required hospitalization of a more secure nature (for psychiatric reasons) or with a different focus (for medical reasons). Plans for the coming year include working on defining relationships with the referral network to increase cooperation on unusually difficult clients.

VOCATIONAL REHABILITATION SERVICE

The Vocational Rehabilitation Service experienced several significant events during this fiscal year. Staff transitions resulted in the addition of another professional counselor and the reassignment of a professional evaluator. A new Chief of Service brought fresh ideas to the program while the staff wished their former supervisor success in his administrator's role. The Residents' Work Program was reassigned to the Vocational Rehabilitation Program in order to emphasize the therapeutic benefits of productive activity. The Service was recognized for its high level of caseload productivity which exceeded last year's levels. Of 1222 total admissions, 631 residents were interviewed by vocational rehabilitation. 411 or 65% were accepted for services. Of these, 613 completed the work adjustment and vocational evaluation interventions. 310 residents returned to their home communities where vocational rehabilitation services were provided at the local level. Approximately 127 residents were provided job placement and follow-up services by the Morris Village rehabilitation staff. This resulted in 59 being successfully placed in wage earning jobs in the greater Columbia-area. In summary, the Vocational Rehabilitation Service completed a very successful year having achieved all productivity goals.

ADMINISTRATIVE SERVICES

This fiscal year has been characterized by significant changes in Administrative Services, not only at Morris Village but Department-wide. The Department implemented a plan of consolidation of both the Campus Police and Engineering Sections among the Columbia facilities. The clustering and sharing of these resources required facilities to establish new channels of communication and to cultivate new relationships for the provision of Campus Police and Engineering Services.

Quality treatment services were rendered residents despite the fact that more than twenty-five percent of staff positions were vacated during the year. Twenty percent of administrative service positions were vacated

during the year. Among them were the Administrator, Supply and Service Chief and several clerical personnel. These vacancies in the face of a Departmental hiring freeze, precipitated anxiety and adjustment, but resulted in redoubling of effort and resourcefulness by employees.

One of the three residential cottages, closed in Fiscal Year 1982 due to budget cuts was reopened for adult males this fiscal year. While two of those cottages, fifteen percent of residential capacity, and one dining room remained closed, the average occupancy of available beds remained high. The Department's third priority in its FY85 Budget Proposal to the Budget and Control Board was the restoration of Morris Village to full residential capacity.

Fiscal issues have dominated the activities of Administrative Services, especially in the latter half of the year. Departmental revenue shortfalls have necessitated careful facility budgetary management. Morris Village implemented a manual ledger system for the day-to-day monitoring of expenditures. The solvency of the Canteen operation became a priority. The pursuit of new word processing equipment through the various levels of State Purchasing challenged administrators throughout the entire year. Sound management practices and responsible use of resources by staff enabled Morris Village to carry a seven percent budget surplus through the year, to this writing.

Deliberate efforts have been exerted in Administrative Services to meaningfully relate to and integrate with clinical services. An obvious move in that direction was the restructuring and movement of the Resident Work Program from the Housekeeping Department to the Vocational Rehabilitation Department. Resident work assignments are now based on specific treatment goals rather than on Village custodial requirements.

Although the year has been dominated by changes, staff turnover and budgetary constraints, it has been a productive year. Staff has demonstrated a genuine commitment to providing quality services to residents while responsibly managing available resources.

PERSONNEL SERVICE AND EMPLOYEE RECORDS

At the beginning of this fiscal year we lost eighteen employees to the Northeast Cluster. This loss was caused by the departmental reorganization; we transferred six employees to the Engineering Section and twelve employees to the Security Section. With this change our staff total reduced to 134. During the year six new positions were established bringing our total to 140 staff at the present time. Other personnel actions included 29 employed, 30 separated, 5 promotions, 14 reclassifications, 3 transferred out, 1 transferred in, 1 reassigned and 3 retired.

REGISTRAR DIVISION

The Registrar Division which includes the Admissions and Disposition Section, the Medical Records Section and the Post Office continues to provide vital services to the operation of Morris Village. These sections are responsible for maintaining the waiting list, scheduling admissions, admitting and discharging all residents, completing financial statements and insurance forms, maintaining, filing and auditing of the medical records; as well as handling all residents' funds, postage, petty cash, cash receipts and mail.

There were 1,223 admissions to Morris Village and 1,244 discharges from Morris Village during the 1983-84 year. A cottage for adult male residents was reopened during the year. A Clerical Specialist B position was added to the Admissions and Disposition staff.

In January 1984, Morris Village began a new fee schedule for payment of service. A financial statement is completed during the admission process and forwarded to Patients' Personal Affairs, South Carolina Department of Mental Health, for the purpose of establishing a daily rate. The daily rate is then entered on a Contract for Payment and the resident is asked to sign the contract and make payments accordingly after discharge.

An Administrative Specialist A has been assigned to the Medical Records Section on a full-time basis. The 1980 medical records are being processed for microfilming. Shelving has been purchased for the storage of the medical records ready for microfilming. A JTPA summer student has been helpful in this process.

The Post Office continues to handle all residents' funds, postage, petty cash, and cash receipts with no problems.

SUPPLY AND SERVICES

This year has been one of change for Supply and Services at Morris Village. Not only a change in personnel, but in operations as well.

R. J. McCormac, Supply and Services Manager retired effective June 17, 1984, after eight years of service. Engineering, formerly a part of this section, became a separate function. Activities, Adult Education, and the Morris Village Library were moved to new locations. These moves were handled in an organized expedient manner. Storage areas were cleaned out and organized for more efficient use. The yearly fixed assets inventory was by far the most accurate ever taken with only three discrepancies out of more than two thousand items.

During the course of the year, this section continued to run smoothly and efficiently, processing 218 purchase requisitions, 326 petty cash requests, 700 storeroom requisitions, and 186 Engineering work orders.

WORD PROCESSING

Numerous forms and applications were implemented in the Word Processing Center. i.e. inventories for Activity Therapy Services, progress notes for Vocational Rehabilitation and Aftercare Services, and work adjustment notes.

There was an increase in the individual operator's workload due to the resignations of the supervisor and two operators. These vacancies and the demands of the workload necessitated employment of temporary operators and substantial overtime work.

The supervisor of Word Processing is a member of the State Automatic Systems Association (SASA), an organization for all word processing operators who are affiliated with a state agency. In addition, the supervisor was elected to serve as the Coordinator of SASA for the 1984-1985 fiscal year.

Both quality and quantity were issues of importance throughout the year. The Center produced a monthly average of 1783 documents, 2990 pages and 159,226 lines. Production quality was not as good as desired, due largely to staff vacancies and the heavy use of temporary employees.

The lease on the Word Processing Center's equipment expired in December, 1983; therefore, we anticipate replacement of the equipment currently being used in the next fiscal year.

FOOD SERVICE

Food Service has been much the same this past year. We continue to operate three dining rooms and a canteen. Staff continue to pick up meals from Dining room 3 and return to the staff dining room to eat. The staff dining room is also utilized as a staff lounge.

Mr. Jerry Roberts retired on June 29, 1984. That position was abolished. We served 144,000 resident meals at a cost of \$171,361.02 and 2,804 employee meals at a cost of \$2,803.65.

The canteen staff still consists of one employee. The canteen is open seven days a week; six hours per day on weekdays and three hours each Saturday and Sunday. The canteen is still available to Crafts-Farrow State Hospital and Bryan Psychiatric Hospital staff. Canteen sales were \$69,076.61, about \$10,000.00 less than last year. Vending machine sales were \$4,637.84. Total sales were \$73,714.45. The average percentage rate of profit was 52.10%.

Vending machines are provided and serviced exclusively by A.R.A. Services under a contract with the Department.

DOWDY-GARDNER NURSING CARE CENTER

DIRECTOR'S REPORT

The Dowdy-Gardner Nursing Care Center was established under provisions of the original medicaid legislation, Public Law 89-97, and was officially opened on March 14, 1984, with the admission of 33 patients from Crafts-Farrow State Hospital to the first floor of the Farmer Building. The second floor was opened with the admission of 43 patients on April 12, 1984, and the third floor opened on May 17, 1984, with the admission of 43 patients. The fourth floor is scheduled to open on July 18, 1984, with the admission of 43 patients.

Facilities operating within the Center are licensed as dual level facilities by the S. C. Department of Health and Environmental Control as well as the SCDMH. The Dowdy-Gardner Nursing Care Center includes the Farmer Building with 166 beds and the McLendon Center with 132 beds. During the coming year plans call for the addition of approximately 120 MR/ICF beds to be located in Buildings 14 and 16 on the Crafts-Farrow State Hospital Campus. Eligibility for admission to Farmer Building and McLendon Center is limited to those patients who are 65 years of age or older and currently hospitalized at other SCDMH facilities.

A major portion of the activity involved with opening Dowdy-Gardner Nursing Care Center has been staffing and patient admission evaluation. Facility personnel have worked very closely with Crafts-Farrow State Hospital personnel in making this task as smooth as possible.

At present Dowdy-Gardner Nursing Care Center has the following departments in operation: Medical Service, Nursing Service, Quality Assurance, Activity Therapy, Chaplaincy, Food Service, Housekeeping, Physical Therapy, Social Work Service, Registrar, and Supply & Services Department. Speech and Hearing Therapy and Volunteer Services will become operational in August 1984, and Occupational Therapy is projected to become operational in late fall this year.

Dowdy-Gardner Nursing Care Center philosophy focuses on providing quality patient care. Dowdy-Gardner is looking forward to the coming year with efforts concentrated on full operation of all beds and on-going efforts at improving patient care to the highest level possible.

ADMINISTRATIVE SERVICES

Food Service

Since January 1, 1984, the Food Service Department has cleaned the Food Service areas and equipment and with the assistance of Physical Plant Services opened the department for operation and licensure.

Food Service Policies and Procedures were prepared and necessary

Patient Assessments and department operations were developed with the cooperation of a consultive Nutritionist from CFSH. Patients who were admitted March 14, 1984, were scheduled for the luncheon meal. The Employee Dining Room opened April 3, 1984, and serves the midday meal only. As of the end of FY 83-84, 60 to 70 employees receive lunch at the Dowdy-Gardner Nursing Care Center Employees Dining Room through cooperative agreements between the DMH, DHEC, SCDC and DMR in addition to the DGNCC employees.

All food is received in bulk from the CFSH Food Service and is plated at this institution. In a cooperative arrangement, the dishes and flatware used to feed residents at the State Park Correctional Center are washed and returned by the Dowdy-Gardner Nursing Care Center Food Service staff after each meal.

Housekeeping

This department is currently a division of the Supply and Services department. During January, 1984 the first contingent of Custodial Workers were transferred to this service from Crafts-Farrow State Hospital to begin Housekeeping procedures. These operations were continued with significant assistance by Custodial Workers from other DMH facilities, notably CFSH, who, with other institutions, offered outstanding cooperation in the cleaning preparations of each floor after renovation was complete and before patients were admitted.

In April 1984 an Executive Housekeeper was employed to direct Housekeeping operations as additional Custodial Workers are added and procedures continue for preparing the remaining patient floors for occupancy.

Registrar Service

Dowdy-Gardner Nursing Care Center opened the 1st floor on March 14, 1984. There have been 133 admissions, 4 discharges and 6 deaths since the facility was opened and through June 30, 1984. Total patient days totaled 8,808.

Registrar Services opened with 6 employees including Admissions, Medical Records, Information and Cashier. Plans for the coming year include expansion of the Registrar Service to full operational level.

Supply and Services

During the month of August 1983, the Supply and Services Department Manager was employed and procedures established to operate the department and provide logistical support to this facility. In subsequent months, equipment was inventoried and transferred to the Farmer Building in preparation for opening.

Between the months of October 1983 and January 1984, personnel were employed to more fully operate this support service, and by March 1984, Linen and Laundry Service was established with the Crafts-Farrow Laundry supplying the needs of patients admitted to the Farmer Building.

The Supply and Services Department coordinated the acquisition and renovation of furniture and equipment required through the outstanding cooperation of other services of the DMH and prepared the first floor of Farmer Building for occupancy in March 1984; the second and third floors were similarly furnished in April and May 1984, respectively. The fourth and last patient ward is scheduled to be occupied in July 1984. The fifth floor, providing additional facilities for patient services is incomplete at this time.

ANCILLARY SERVICES

Activity Therapy Service

The Activity Therapy Department began planning and developing Activity programs for Dowdy-Gardner Nursing Care Center during the first part of the year. The emphasis of Activity Therapy Service has been to develop on-going therapeutic recreational programs to meet the needs, interests and ability of each patient. The Activity Therapy Department is fully operative with an Activity Therapy Supervisor and two therapists providing therapeutic activities daily, evenings and weekends.

An activity plan has been developed for each patient and being implemented daily through individual/group therapy in recreational games, arts and crafts, music therapy, leisure and other diversional activities. Emphasis will continue to be placed on quality documentation within the guidelines of Activity Therapy Department and DHEC. There will be an on-going evaluation of activity therapy service for its effectiveness in meeting the patients needs, interest and ability. Future goals will include the following: 1) To increase staff members; 2) To continue providing daily therapeutic activities to involve all patients; 3) To provide inservice education on pertinent topics; and 4) To increase emphasis by providing more goal and leisure oriented activity programs.

Chaplaincy Service

Pastoral care was organized and provided to the patients at Dowdy-Gardner Nursing Care Center on an interim basis by William M. Major, retired Chief Chaplain of CFSH. A fulltime Chaplain will be employed early in the next fiscal year.

One hundred and forty initial religious interviews and assessments were made; over five hundred brief pastoral visits to patients; twenty

ward services were conducted; fourteen counseling sessions with patients, families, and staff; attended sixteen patient care conferences and numerous other meetings and conferences in the facility and community.

Pharmacy Service

The Pharmacy at Crafts-Farrow State Hospital is providing pharmaceutical services for the Dowdy-Gardner Nursing Care Center. A total of 5,468 prescriptions were issued to patients. The drugs are issued as unit dose or by use of individual prescriptions.

A total of 33 prescriptions were issued to the employees.

The clinical pharmacy duties required are being performed by the staff of registered pharmacists. A total of 337 charts have been reviewed using approved guidelines.

Physical Therapy

Planning for the Physical Therapy Service for Dowdy-Gardner Nursing Care Center began on December 16, 1983, with the writing of the Physical Therapy Procedure Manual, ordering of physical therapy equipment and recruitment and training of staff members. Actual delivery of services began, March 15, 1984, on the first floor of the Farmer Building and continued in the Physical Therapy Department beginning early April 1984. A total of 48 patients in the Farmer Building were evaluated by the Physical Therapist with 32 of these found appropriate for services. All patients enrolled in Physical Therapy were scheduled Monday through Friday with a total of 926 physical therapy treatments including evaluations given between March 15, 1984 and June 30, 1984. At the end of the fiscal year, 16 patients were receiving Physical Therapy on a daily basis.

Recruitment for a Physical Therapy Assistant began in mid January with the mailing of letters to four colleges with Physical Therapy Assistant Programs in the Southeast along with advertisements in the South Carolina Physical Therapy Association Quarterly Newsletter and at Association Chapter Business meetings held in February and June. In January, letters were also sent to all Physical Therapy Assistants currently living in Columbia. Response from these efforts has been minimal and at this time a Physical Therapy Assistant has not been employed.

The Physical Therapy Department was successful in recruiting and hiring a Physical Therapy Aide who has proved very beneficial in the providing of Physical Therapy Services.

For the next fiscal year, Physical Therapy Department goals and aspirations will be high. Patient load should be at or above 21 patients per day. Staff should be increased by at least one licensed person and one aide. Classes for Nursing Service should include at least four hours on rehabilitation nursing. A commitment from the South Carolina Medical

University and Greenville Technical College will be sought to attract student interns from the Physical Therapy Program and the Physical Therapy Assistant Program.

Social Service Department

The Social Service Department presently consists of a Director and three Social Worker III's. The staff was selected for their demonstrated competence in working with geriatric patients in a mental health setting and each has experience ranging from 7 to 12 years working with the SCDMH.

Since the first patients were admitted March 14, 1984, Social Services have been provided to 134 patients and their families. Special emphasis has been given to frequent contact with patients' families to insure that they were fully informed of the new facility's policies and procedures and that they were informed of any changes in the condition of their relative. There were 475 contacts with families by phone and 68 face to face interviews. Families have expressed appreciation for being kept informed of their relative's condition and their comments about the facility have been extremely positive.

While families were satisfied with the care their relative received at Dowdy-Gardner Nursing Care Center, many requested assistance with discharge planning so that their relative could be closer to them. Five patients were discharged; three patients returned home; one patient was placed in a community nursing home and one patient returned to Crafts-Farrow.

Goals for the coming year include continued frequent contact with families and continued efforts to discharge patient to community nursing home to be closer to their families.

MEDICAL SERVICE

The Medical Service of Dowdy-Gardner Nursing Care Center was started by the addition of a Medical Director on March 2, 1984.

The Medical Director assisted in reviewing and finalizing those parts of the policy and procedure manual and the patient care policy manual which would be of direct medical concern in the care and treatment of patients coming into the Dowdy-Gardner Nursing Care Center. Also, assistance was given in planning for employee health care and maintenance of employee physician services.

The need for additional medical staff was anticipated and arrangements were made for the transfer into the department of a second physician. When patients were moved onto the first floor on March 14, 1984, the physician came with the patients providing continuity of medical service to the patients.

Prior reciprocal agreements had been completed by the Director for patients with acute care needs to be transferred into Byrnes Medical Center until able to return to DGNCC; also, emergency, night time, Holiday and weekend medical coverage was arranged by mutual agreement with CFSH.

The second floor at Farmer was occupied by patients on April 12, 1984 and the medical staff continued to give timely and appropriate medical care and participate in patient care reviews and planning.

With the admission of patients to the third floor at Farmer Building on May 17, 1984, the third physician was added to the medical staff in order to maintain adequate physician coverage and to give each physician opportunity to become familiar with the guidelines and DHEC requirements for skilled and intermediate nursing care facilities.

Considering the general debilitated status of the patients moving into DGNCC the overall medical response has been good and patients acceptance of the move has been well received.

The medical staff has had excellent cooperation from nursing, pharmacy, activity therapy, physical therapy and social services in planning and maintaining patient care.

It is anticipated that additional medical staff will be needed when patients are received into McLendon Building and plans have been proposed which will continue to give Dowdy-Gardner Nursing Care Center very high quality medical services for the coming fiscal year.

NURSING SERVICE

Nursing Service has participated with the architects, physical plant services, and other staff in the planning, design, and renovation of the Farmer and McLendon buildings.

Nursing has focused on developing written policies and procedures that enhance continuity of patient care and establishing a positive and therapeutic environment for patients and personnel. Nursing has also focused on recruiting and working very closely with staff at Crafts-Farrow State Hospital in the reassignment of personnel and orienting personnel to the facility and its policies and the individual employee's position and duties.

On March 14, 1984, the Farmer Building opened the first floor with six RN's, 18 Mental Health Specialists, and one Ward Clerk who were reassigned at this time with 33 patients.

On April 12, 1984, the second floor opened with 43 patients. On May 17, 1984, the third floor opened with 43 patients. Required staff was transferred with the patient as each floor was occupied.

With the scheduled opening of the fourth floor on July 18, 1984, the

Farmer Building nursing staff will consist of 14 RN's, 12 LPN's, 72 Mental Health Specialists, four Ward Clerks, one Administrative Specialist A, one Barber and one Cosmetologist.

With the enthusiastic cooperation of staff and assistance from other facilities, especially Crafts-Farrow State Hospital, the patient mass movement was a task accomplished with minimum problems.

During the next fiscal year, nursing will make every effort to: provide effective restorative nursing care, recruit and retain an adequate number of nurses to assess, plan, implement, evaluate and supervise nursing care, demonstrate compliance with requirements to maintain continued DHEC certification, provide continuing education programs for all levels of nursing personnel and expand DGNCC as other buildings open.

Nursing Education

The Nursing Education Department from Crafts-Farrow State Hospital began to develop a program for Dowdy-Gardner Nursing Care Center in January, 1984. Assistance was provided in developing and/or revising nursing policies and procedures. Nursing Education has provided an ongoing educational program for all levels of nursing personnel, consultation and assistance with resources for other departments.

To meet the objectives of Dowdy-Gardner Nursing Care Center and the Nursing Staff Development Program, offerings were provided in the following components: Orientation, Inservice Education, and Continuing Education.

QUALITY ASSURANCE

Under the supervision of the Director, the Quality Assurance Coordinator assessed patient care, evaluated ongoing policies and procedures, and offered recommendations to promote a high morale working environment for staff to provide high quality patient care at DGNCC.

The major accomplishments during the year are as follows:

- 1) With input from the Patient Rights Specialist, developed a procedure to assure each patient and his/her family that the patient is informed of his/her rights on admission to DGNCC.
- 2) With input from the Utilization Review Committee began a Medical Care Evaluation Study to evaluate the effects of mass transient moves on patients from one institution to another.
- 3) With assistance of the Director requested and participated in a complimentary DGNCC Survey to evaluate progress of DGNCC.
- 4) Requested each Department Head to give an annual report at a scheduled Quality Assurance Committee meeting stating the progress of the department and the goals for the coming year.

- 5) With assistance of the Director and Medical Director, updated the Employee Health-Physical Exam policy.
- 6) Conducted preadmission surveys on all patients admitted to DGNCC.
- 7) Acts as Infection Control Nurse and monitors all in-house infections and reports all nosocomial infections to the Executive and Infection Control Committees.
- 8) With the assistance of the Quality Assurance Committee developed a Quality Assurance Audit form to monitor documentation of multi-disciplinary assessments and patient care plans as required by DHEC and federal regulations.

During the coming year Quality Assurance will continue to work at helping DGNCC meet all licensure and certification requirements and to provide the highest in quality patient care.

QUALITY ASSURANCE

Under the supervision of the Director, the Quality Assurance Coordinator, assisted by the Infection Control Nurse, evaluated ongoing policies and procedures, and assisted in the development of new policies and procedures. The Quality Assurance Coordinator also assisted in the development of a high quality patient care audit program for staff to provide high quality patient care at DGNCC. The major accomplishments during the year are as follows:

- 1) With input from the Patient Rights Specialist, developed a procedure to ensure each patient and his/her family that the patient is informed of his/her rights on admission to DGNCC.
- 2) With input from the Utilization Review Committee, began a study to evaluate the effect of case management on patient care and the institution's financial status.
- 3) With assistance of the Director, requested and participated in a development DGNCC survey to evaluate progress of DGNCC.
- 4) Requested each department head to give an annual report at a Quality Assurance Committee meeting during the year.

JAMES F. BYRNES MEDICAL CENTER

Effective October 1, 1983, the James F. Byrnes Medical Center became a separate entity from the S. C. State Hospital and was designated an autonomous unit of the SCDMH. With this autonomy came the establishment of a new facility administration consisting of a facility Director and Hospital Administrator.

The mission of Byrnes Medical Center, as established by SCDMH Directive 621-83, is to provide hospitalization and treatment of individuals developing acute physical illnesses while under the care of one of the various facilities of the SCDMH, the S. C. Department of Corrections and Tuberculosis patients referred by the S. C. Department of Health and Environmental Control. Specifically, Byrnes Medical Center was designated to be an acute care hospital which would provide medical and surgical care for the above named departments; however, during the first nine months, October, 1983 through June 1984, Byrnes has been utilized primarily as a facility for management of chronically incapacitated, long term patients who basically require skilled and intermediate nursing home care. The Byrnes Medical Center Administration was notified by the Department of Health and Human Services that Byrnes was no longer classified as an acute care hospital and would be classified as a long term care facility due to the extended lengths of stay of the patients being admitted to the facility.

Beginning January 1, 1983, admissions to Byrnes Medical Center increased by 100% doubling the responsibilities of the departments and personnel staffing the facility. This increased utilization of the facility has persisted throughout the period from January, 1983, and has further increased 29% during the fiscal year 1983-84. This increase has been reflected in the markedly increased workload of every service in the hospital and this increased utilization has been shouldered by the same number of employees that staffed the facility prior to the 129% increase in workload. Byrnes Medical Center has been critically understaffed for a period of eighteen months and only through the efforts of a dedicated group of employees has it been possible to provide minimal patient care through this period. There were 1,765 admissions and 1,561 discharges at Byrnes during the fiscal year which represents 3,326 processing procedures for the facility. Admissions for this year were increased by 393 patients over the previous year.

The following goals must be met in early FY 84-85 if James F. Byrnes Medical Center is to adequately meet the acute care needs of SCDMH patients:

- a) employment of 30 licensed nursing personnel;
- b) employment of other support and clinical services personnel;

- c) replacement of antiquated/wornout equipment and the purchase of sophisticated medical-surgical equipment;
- d) with the support of all SCDMH facilities, enhance communication to reduce the number of inappropriate admissions to BMC and to remove the current barriers which prevent placement of patients whose necessity for acute care has been discontinued.

DIVISION OF COMMUNITY MENTAL HEALTH SERVICES

The planned trend toward increased emphasis on a wider variety of mental health services being delivered at the community level accelerated in tempo as the fiscal year progressed. The Community Support and Emergency Stabilization Programs, Community Homes Programs, and the Living Skills Psychosocial Rehabilitation Programs are notable examples. In addition, momentum continues to build in the direction of increased center services for children and community home programs for youth.

Increased emphasis on quality of patient care resulted in a clearer and more practical Quality Assurance Plan and Manual for Community Mental Health Centers, the 80-04. Included is a new standardized clinical record which decreases documentation time while enhancing third party reimbursement potential with more pertinent and easily auditable clinical information. The 80-04 also contains a new treatment code — Individual Case Management — which will correct a past problem in the data reporting system and more correctly reflect the efficiency and productivity of the centers' therapists.

As a companion copy to the 80-04, the Program Standards for Community Mental Health Centers was clarified, revised and republished. This new edition also rescinded the outdated Community Mental Health Services Act Policy Statement of 1979.

Berkeley County Mental Health Clinic was upgraded to center status by fulfilling all requirements of the Federal Block Grant for such designation. The Lexington Clinic will be ready to apply for center status early in fiscal year 1984-85.

Highlights of the Division's various components, special programs and reports from community mental health centers follow.

ADDICTIONS AFTERCARE

Community Mental Health Centers reported 7,464 substance abuse patient contacts during FY 1983. These centers maintained a program of referral and aftercare services with the Earle E. Morris, Jr., Alcohol and Drug Addiction Treatment Center.

State funds were available to provide ninety percent of eight Addiction Specialist positions in eight centers. The other nine centers coordinated and/or provided addictions services by utilizing existing staff and available resources.

The Addictions Consultant in the central office of Community Mental Health Services was a resource to centers in alcohol and drug abuse programming.

FOLLOW-UP (AFTERCARE, TRANSITIONAL LIVING AND SUPPORTIVE) SERVICES

There were 116,675 service contacts provided to patients with chronic diagnoses through local centers and clinics during 1983. Provision of psychotropic drugs and medication monitoring; group, individual and family psychotherapy; socialization and leisure skills development; living skill development; and case management continue to be essential services for this population. The Community Support Program targeted an additional 400 patients who had been hospitalized in state institutions for long terms for discharge in community settings. Development and support to community based residential facilities have been an important part of this program.

Consultation, technical assistance and monitoring of these services continue to be provided by Divisional office staff.

CHILDREN'S SERVICES

Two six-bed teaching family community treatment homes, one serving boys and the other serving girls, are being operated in Simpsonville, South Carolina by the Piedmont Treatment Home for Adolescents which is associated with the Piedmont Center for Mental Health Services. Both homes are operating to capacity and have waiting lists. Current cost per resident day is just under \$44.

A contract with the Community Mental Health Foundation, which works closely with the Coastal Empire Mental Health Center, will soon make available a six bed treatment home and a six family specialized foster care program for psychiatrically impaired children in the lower coastal region of the state. A director has been employed and a treatment home facility has been selected for this program. It is anticipated that these programs will be fully operational in the fall of 1984.

In May, the Division distributed to mental health centers a request for proposals to develop teaching family community treatment homes. Four proposals for additional treatment homes were received in response to this announcement and it is anticipated that two six-bed treatment homes will be established and operational during the fall and early winter of 1984. It

is possible that funds will be available to establish one additional six bed community treatment home in the spring of 1985. Three mental health centers have children in their service areas which will be served by a "group treatment home" for which initial establishment work was initiated in late FY 84 by the Continuum of Care Pilot Project for seriously emotionally disturbed children.

In response to a request from the Division, each Center has developed a children's service description and plan. These children's service descriptions and plans are intended to assist Centers in assessing the quality and quantity of current children's services as well as to form a partial basis for both the Center's and the Department's future planning.

A section of the Department's Program Standards for Community Mental Health Centers, which was revised and approved in June, specifically addresses children's services. This section is intended to set expectations for quality children's services designed to meet the needs of each of the States service areas. Children's services in each Center will be evaluated in relation to this standard as of the beginning of calendar year 1985.

PROGRAMS FOR CHILDREN, ADOLESCENTS AND ADULTS WITH AUTISM

Since 1971 the Community Mental Health Services Division has moved toward the goal of the development of a state-wide network of services for children, adolescents and adults with autism or other communication/behavior problems in South Carolina. Day programs are now located in Charleston, Columbia, Conway, Florence, Greenwood, Orangeburg, and Spartanburg. Except for the Children's Program in Columbia, the programs are run on a contractual arrangement with another agency, usually the local school district. State funds support all of these programs in addition to school district and P. L. 94-142 funding.

Adolescents are now being served by all of the day programs. Vocational training is provided to adolescents and adults in Spartanburg and Lexington. This training takes place on site and in community, job training sites.

Residential services are available at the Pacolet and Lexington Community Treatment Homes. Both are run directly by the SCDMH. The homes provide an opportunity for residents to further develop language/social, domestic living, and recreational/leisure skills. The homes also provide long and short term respite care for children or families in need of such services. Participation in the Day Programs is not required.

The treatment approach has been further developed this year; it continues to be based on behavior and learning theory stressing a positive approach to behavior problems, but has expanded further into the area of community based training of functional skills.

With this development has come some changes in provision of training. In the fall a variety of levels of training will be available to parents and professionals who work with different levels of children who demonstrate problems in learning and interacting with others. Training will continue to be provided primarily through Charleston, Columbia, Spartanburg and Rock Hill. Rock Hill continues to serve solely as a training, consultation and evaluation site, although all of these services are also available through the office of the Director of Programs for Children and Adults with Autism.

A summer day camp program was again offered this year as well as a week long statewide residential camp. The summer programs provide treatment continuity and respite for families.

CAMP LOGAN

Camp Logan was not held during the summer of 1984 due to the unavailability of adequate funding. Based on extensive experience with therapeutic camping gained by the Department over many years, and a thorough study of therapeutic camping in the southeast, a proposal for a year-round Outdoor Therapeutic Program has been developed. Contacts with other State agencies have indicated that land, buildings and facilities may be available so that such a program could be very cost effectively established and operated.

Due to its unique ability to develop self sufficiency, self concept, social skills and delay of gratification, therapeutic camping is the most appropriate treatment modality for many youth. For this reason, most other states in the Southeast have developed substantial therapeutic camping programs. Current cost per patient day in such programs rarely exceeds \$50.

PREVENTION

Prevention services have continued to be limited during the past year due to austerity and increased demands on staff to perform their primary functions at higher levels. Unavailability of funds has also curtailed the planned expansion of programs to prevent psychopathology among high risk children of mentally ill parents.

The Columbia Area Mental Health Center Family Intervention Project has completed the first three years of its research phase and a report of findings will be available at the end of this calendar year. During the first three years the Project has been in operation, 186 families and in excess of 450 individuals have been served.

In cooperation with the William S. Hall Psychiatric Institute, the Division has made genetic counseling services available in each region of

the state on a quarterly basis. A proposal has been developed in the Lower Coastal Region of the State to provide a program of specialized psychiatric genetic counseling services for persons of all ages and their families. The proposed program would include in-service education, staff development, community education and research in psychiatric genetics. Funding services for such a project are being explored.

With the support of the Statistical Section, the Division offers Mental Health Centers the Public Health Service Center for Disease Control's Health Risk Appraisal. The capacity to perform individual health risk appraisals is available to Centers which offer prevention services to business, industry, and the community.

CENTER FOR ORIENTATON TO INDEPENDENT LIVING

The Center for Orientaton to Independent Living (COIL) is a non-medical, residential program utilized on a state wide basis by facilities of the SCDMH. Coil's purpose is to provide psychiatric patients, referred by mental health facilities, an opportunity to gain or regain living skills and employment necessary for one to be self-supporting in a community living environment. Coil continues to function as a transitional program for the SCDMH. The following services are provided through the center:

The *Pre-Residential Program* is designed to provide an orientation for referrals as to the goals, objectives and expectations of the Coil program. Individuals who have substantial periods of hospitalization will be evaluated in areas of meal planning and preparation and skills necessary for one to begin residency in a Coil apartment. Participants in the program are expected to attend no fewer than four and no more than eight sessions prior to admission into the residential program.

The *Residential Program* consists of one-to-one counseling and activities in learning or re-learning daily living skills in an apartment setting. A Coil resident is expected to work cooperatively with his/her roommate in areas of meal planning and preparation, grocery shopping, apartment maintenance and caring for clothing. A resident can stay in the program for up to a six month period depending upon individual needs. During a resident's tenure at Coil, a platform of services (employment assistance, food stamp enrollment, vocational rehabilitation, DSS referral, etc.) will be developed with the resident to support his/her adjustment when moving into a community based living arrangement. Each resident is assisted in developing and implementing an appropriate living situation compatible with his/her needs.

Statistics covering this annual report revealed that 185 referrals were admitted to the Residential Program, 65 required rehospitalization for various reasons (medical or psychiatric), 1 expired and 120 were placed into community living situations. The resident census as of June 30, 1984,

was 42.

The *Adult Development Program* continues to serve a large number of ex-residents and community care home residents living in the Columbia area. Coil residents are involved in this program in that it provides educational and training experiences. Areas of emphasis include home management, consumer education, personal development and hygiene, adult education, employment readiness classes, arts/crafts, hobby development and social/recreational activities.

The Pre-Vocational/Canteen Program continues to provide job experience and training for Coil residents. This program not only provides training and experience for residents but also staff can evaluate a resident's performance and assess their capabilities and job readiness. The program involves the sale, receipt and inventory control of pre-packaged food items in a snack bar setting.

Coil continues to provide outreach services to the chronically mentally ill patients who have completed the Coil program and now are residing in the Columbia area. This support service enhances a positive and continued adjustment for clients who have relocated in the community.

The funding level for Coil during this period was \$458,000. Funding sources were state appropriations, capital improvement funds (patient fees) and other departmental revenues.

CONSULTATION AND EDUCATION

Consultation and education continue to be a priority among the network of community mental health services. Business and industry, schools and churches, as well as community agencies remained the major sites where consultation and education activities occurred.

There was an increase in education and training seminars for law enforcement, correction officers and staff of detention centers. Furthermore, special efforts were made to provide orientation and training to community leaders and volunteers, boarding and community care home operators as well as agency heads and their staff focusing on the development and maintenance of community support for the chronically ill population.

Professionals, volunteers and lay citizens participated in several special events sponsored by community mental health including the Annual Cross Cultural Conference and the outreach and training seminars in response to the tornado disaster.

Organized media programs presented through newspapers, radio, television, as well as video continued to promote positive mental health and provide information about the array of programs and services available through community mental health centers.

EMERGENCY AND PRE-CARE SCREENING SERVICES

Each of the 17 clinics and centers offer emergency services twenty-four hours per day/seven days per week. Emergencies occurring during regular center hours are handled on a walk in basis of scheduled appointment. During nights, weekends and holidays the centers maintain an on-call system. In some centers the center personnel maintain the primary on-call service. In others they provide psychiatric training, consultation and professional back-up to community "Hot line" operations. Divertors, beepers and answering services are used in some locations to provide coverage throughout the catchment area. Close working relationships with other community care givers such as hospital emergency rooms, physicians, law enforcement, probate court, ministers and social service agencies are a vital component of emergency services. Efforts to create public awareness and accessibility to this service include mental health listings in both yellow and white pages of local telephone directories, listing all centers in S. C. PAL (Program Assistance Line for State Services) in the Governor's office. High risk clients, their families or support services are often given specific instructions for seeking help in the event of a crisis.

Pre-care screening and Emergency Support Programs are closely linked to Emergency services, interfacing with other center services as well as available community resources. The focus of these programs are to screen patients who are being considered for admission to a state institution, offering community based intervention and treatment alternatives when feasible. This may involve purchase of medical services, shelter or medication for the medically indigent patient. Admissions to state institutions were reduced by 750 patients in FY 1983-84 over FY 1982-83.

There were over 7,877 reported patient contacts in 1968 for Emergency Services.

Technical assistance consultation of monitoring of services continues to be functions of the Divisional office.

FILM AND BOOK LIBRARY

The Film and Book Library continued its operation during fiscal year 1983-84 under the auspices of the Division of Community Mental Health Services. Its purpose being to disperse information on mental health issues and concerns.

In fiscal year 1983-84 more than 6,639 audio-visual materials (films, filmstrips, slides and cassettes) were distributed throughout the state for 13,728 educational programs with audiences totaling 355,697. In addition to the audio-visual materials, approximately 3,600 pamphlets and brochures relating to mental health were distributed to interested individuals

and groups. Institutions and organizations utilizing materials from the Film and Book Library included schools, churches, hospitals, mental health centers/clinics, nursing homes, civic organizations and government agencies. Other services which were offered by the Film and Book Library, and often requested by patrons, included detailed research on various mental health subjects, assistance in selection of films for specific programs, and use of the facilities for in-house viewing.

Good indicators of the impact of the materials and services provided by the Film and Book Library were the repetitive use by thousands of patrons, and the positive written comments of professional and lay persons as they reported on films used.

The continuing goal of the Film and Book Library is to remain an effective resource unit for mental health education in South Carolina.

FRIENDSHIP CENTER

Friendship Center offers social rehabilitation to the recovering mental patient living in the Midlands. The Center shares the facility at 1135 Carter Street, with Project COIL.

The Center is funded by the Department of Mental Health through a contractual agreement, the United Way of the Midlands, and community contributions. The 1984 budget is \$90,630 and the requested budget for 1985 is \$94,510.

An additional part time contractual position was approved this year for an Out-Reach Worker. This person has worked to encourage new referrals and inactive members to come into the Center and become involved in the program.

Other program growth has been an increase in the number of hired teachers that have added depth to the program in the areas of music, art, and yoga. The attendance is now over 2,000 a month, with approximately 650 different clients served in 1984. The majority of clients are living independently on disability incomes with a high proportion of them being young adults.

Friendship Center is open every day and evening of the year for socializing and for a wide range of educational and recreational activities. The goal of the program is to offer young people (15 and up) and adults the opportunity to develop a feeling of belonging, a place to make friends, learn new skills and have support in making a good adjustment in the community.

OFFICE OF QUALITY ASSURANCE

A vigorous and effective Quality Assurance Program for Community Mental Health Services is carried on by the Office of Quality Assurance. A

continuing effort to unitize the service and documentation standards has taken a significant step forward with the publication of a re-written Quality Assurance Plan and Manual. The Manual has standard forms, rules, and procedures for the Division. This effort has resulted in a system of Quality Assurance which is comprehensive in scope and systematic in orientation.

Three levels of audit have been applied to the documentation of clinical services during the year. The center staff has developed and implemented peer review audit procedures. The central office has continued a program of quarterly audits. The Department of Social Services, Office of Program Integrity, has conducted a review of the documentation in Medicaid recipients' charts. These three levels of audit have resulted in a more definitive view of scope of services and documentation requirements. The findings and data from these audits have been compiled and made available to executive staff and personnel within the centers.

The development of adequate communication mechanisms has been a concomitant of the revised Q. A. Plan and Manual. Technical service visits by the central office staff to all centers in regard to procedures and rules has been accomplished. A committee, formed by Q. A. personnel from each center, has been charged with attending on a continuing basis to the technical development of the rules and procedures.

To reflect the commitment to quality services made by the Division of Community Mental Health Services, the documentation of services has become increasingly technical and sophisticated. The Office of Quality Assurance has aligned the rules and procedures for documentation in a manner which will allow centers to respond most successfully to the Quality Assurance requirements.

RESEARCH AND EVALUATION

The Research and Evaluation Section assisted centers in assessing needs for community programs, identifying population target groups, evaluating the process of service delivery and outcome of services provided, and conducting special research projects. The section continues to operate a statewide centralized automated management information system (MIS) to assist centers in monitoring services and staff productivity, and providing accountability to external systems. A detailed cost analysis of services provided by centers was conducted.

A comprehensive mini-computer management system was installed in five of the seventeen mental health centers. Plans call for the system to be phased in at other centers as funds become available.

AIKEN-BARNWELL MENTAL HEALTH CENTER

I. GENERAL

A. FY 83/84 Goals:

The Center's FY 83/84 goals were: (1) To maintain the average time spent by direct service providers in direct service related activities at 46% of available time, (2) Increase use of group therapy, (3) Increase consultation, education and prevention services particularly toward middle income, industry, children, families and elderly; (4) Enhance quality of care, (5) Continue reducing admissions and readmissions to the State Hospital, and (6) Begin a long-term planning effort for the next five years. (1986-1990)

B. FY 83/84 Goal Performance:

1. *Direct Service:* In spite of the unexpected loss of three providers and a delay in recruiting replacements, the Center staff is averaging 53% of available time in direct service through April 1984 and should attain the State DMH goal of 50% for FY 83/84 (an increase of 4% over the Center goal of 46%).
2. *Increase Group Therapy:* The Center increased its use of group therapy from .8% of total direct service time in FY 82/83 to 9% in FY 83/84, an increase of 1003%.
3. *Increase Consultation, Education and Prevention toward selected categories:* The Center staff did not meet its goal of 14% of available time in C, E & P. Four percent of available time was spent largely promoting the Center's service to middle income, industry, and children and families. This effort resulted in an increase in: (1) submission of insurance claims for persons in industry, (2) conducting workshops for industry, (3) potential contracts for services with industry, (4) admission rate of middle income clients to 14% (an 8% increase over FY 82/83), (5) admission rate of children to 15% (a 241% increase over FY 82/83), (6) admission rate of families to 51% (a 400% increase over FY 82/83) and (7) admission rate of Elderly clients to 5%.
4. *Enhance Quality of Care:* The Center further refined, trained the staff and implemented an updated Statewide quality assurance program. Aggregate findings from internal and external audits show the Center averaging 93% compliance in all categories (an increase of 2% over FY 82/83).
5. *Continue Reducing Admissions and Readmissions to State Hospital:*
 - a. The Center staff further reduced total admissions to State Hospital by 33% Over FY 82/83 and readmissions by 18% over FY 82/83.

b. Furthermore, this Center achieved its reduction goal of emergency admissions, having achieved 69 reductions, or 168% of our goal of 41.

6. *Begin long-term planning effort for next five years:* This goal was initiated but postponed till FY 84/85 because of clinical needs and State DMH. Five Year Development Planning being conducted in FY 84/85.

C. *Future Goals:*

The Center's primary goals for FY 84/85 are: (1) Refining and formalizing our administrative procedures, including computerization, (2) Further refining our Quality Assurance Program with emphasis on appropriateness of service, (3) Staff recruitment, training and development, and (4) Long-term (five year) Center Development Planning.

ANDERSON — OCONEE — PICKENS MENTAL HEALTH CENTER

In keeping with the overall mission of the Anderson-Oconee-Pickens Mental Health Center to provide comprehensive quality services to citizens requiring or mandated to avail themselves of such services, patient, community and staff needs were met as effectively, promptly, and efficiently as possible. While a consumer satisfaction survey performed in August and September revealed probably nothing major, it did suggest attention to details and specifics of services needs to be continued in order that clients are received well, treated with dignity, and that appropriate encouragement to "make it on their own" as soon as possible remains a strong necessity.

Basic services provided warrant little to no elaboration since those services have been in place and adequately functional for a number of years.

Quality Assurance was ever before us with its frequent changes, requirements, various audits, etc. Staff not only were mandated to work within those parameters but seemed to do so with greater ease, cooperation and success than ever before.

Program Evaluation focused specifically upon two areas of needs assessment or clinical care evaluations: (1) UNEMPLOYED SEEKING SERVICES FROM THE MENTAL HEALTH CENTER and (2) PHYSICAL AND SEXUAL ABUSE.

1. UNEMPLOYED SEEKING SERVICES FROM THE MENTAL HEALTH CENTER

Unemployment being widespread throughout the nation, state and the Anderson-Oconee-Pickens Mental Health Center catchment area during

the past several years, the Clinical Care and Program Evaluation Committee felt the professional staff and clients of the center would benefit from a greater knowledge of the prevalence of unemployment among those persons receiving services from the Center. Was the unemployment among center clients proportional to that within the larger community? Were unemployed persons seeking out the services of the center? If so, what were the characteristics of those persons? Are there sufficient numbers of unemployed persons to warrant a special program emphasis within the center's service delivery system?

To address such questions the Committee decided to access the Center's computerized management information system. A nine-month time period was selected for the analysis — July 1, 1982, through March 31, 1983. The analyses reveal that unemployed persons do, in fact, seek out services of the Center. Almost half of all those adults admitted during this nine-month period reported they were unemployed. Only two-fifths of adult admissions were employed at the time they were admitted to Center services. During this same time period, approximately 10-12% of all adults in the three county catchment area were unemployed.

Personal characteristics of those unemployed were considered such as: age and sex, racial background, marital status, educational level, source of referral, and primary presenting problem.

From this assessment it was readily determined unemployed persons in rather large numbers seek the services provided by the Anderson-Oconee-Pickens Mental Health Center.

2. PHYSICAL AND SEXUAL ABUSE

The study period for this assessment was October 1982, through March, 1983. Descriptive data from cases in which physical and/or sexual abuse occurred was presented in this study. The report did not attempt to investigate causes of abuse nor compare data with national statistics on abuse. Rather, the purpose was to identify the occurrence of abuse cases and present some relevant characteristics of the identified abusers and abusees.

The need for more definite identification of cases related to abuse has grown from an interest of center clinical staff who noticed an increase in abuse related cases in their personal caseloads.

Although specific statistics are available only the following are to be mentioned in this annual report. Crisis calls to the Center during the 1981 and 1982 periods reveal the following information: rape calls 1981 — 144, 1982 — 192; wife abuse calls 1981 — 251, 1982 — 313; child abuse or neglect calls 1981 — 141, 1982 — 126; child sexual abuse calls 1981 — 62, 1982 — 76.

This abuse study hopefully will further support the growth of center-

wide treatment services for physical and sexual abuse in families.

The major programmatic focus during 1983-1984 was placed upon the newly established and implemented *Emergency Stabilization and Community Support Programs*.

Emergency Stabilization: the purpose of this program is to provide a network of stabilization resources primarily within the local community sufficient to maintain the majority of the acute psychiatric emergencies within the community. In 1983-1984 there were 54 hospital reductions in the program which exceeded our 20% goal (47 total was projected goal). That reduction created a total of \$113,246 earnings.

Community Support: the purpose of this program was to develop an on-going strong support system for the chronic mentally ill. Two major populations are involved in this service effort: (1) the chronic mentally ill patients at the South Carolina State Hospital and Crafts-Farrow State Hospital and (2) the chronic mentally ill population receiving services at the Anderson-Oconee-Pickens Mental Health Center. Rehabilitative and residential care plans for both populations are primary efforts of this program. By June 30, 1984 there were 24 community placements in the CSP service. Total income for the year was \$78,860.

Total earnings for the combined ESP/CSP service was \$192,106.

BECKMAN CENTER FOR MENTAL HEALTH SERVICES

The Beckman Center for Mental Health Services continued to provide comprehensive mental health services to the citizens of Abbeville, Edgefield, Greenwood, Laurens, McCormick, Newberry, and Saluda Counties. The Center has undergone more changes in this last fiscal year than at any time in its history. Staff turnover has approached 40%, a new satellite office was opened, program initiatives in the area of ESP and CSP were begun, our partial hospitalization program converted to a psychosocial rehabilitation format, and the Center hired an assistant director.

The Center goals for last fiscal year are enumerated below with a status report on each. Following this are some general comments on the events of the past year and their ramifications for the future of this agency.

1. Maintenance of the existing service delivery system with emphasis on continued decentralization of services.

This goal related to further reallocation of resources into satellite programming. This continues a philosophy that in order to deliver services to our large rural population, there must first be services which are accessible to our constituents. Following this, the Saluda/Edgefield Mental Health Clinic was opened officially in March, 1984. It will provide coverage for the two counties with four clinical and one clerical staff housed in Saluda. Part time clinical services will be available to Edgefield

with increased staff and service capability.

In addition to the opening of the satellite, increased staff were reallocated to the other two satellites of Laurens and Newberry. Through attrition and the start up of the program initiatives of ESP and CSP, this was made possible. Currently the Center has approximately 45% of its clinical staff assigned permanently to satellite offices. This has been a planned deliberate effort to increase our service capability in the outlying counties where our population could be served more effectively.

2. Establishment of increased auditing and production controls to bring about increased clinician efficiency and increased fee collection.

The plan to accomplish this goal was to automate the billing procedure through a contract with a service bureau. This was projected to be implemented by the middle of the fiscal year. Instead the implementation date was delayed until April, 1984. The system has shown promise to date, but overall fees will not increase significantly for the fiscal year. This is due to the delayed start up.

Clinician productivity has been increased somewhat and our 1983 cost has reflected a drop over 1982. In addition, a new system of monitoring production has been established for each clinician and the supervisory structure has been strengthened by the addition of the assistant director. This position was established by the Board of the Center and has primary responsibilities for overseeing clinical and administrative operations. The system put into operation at the close of the fiscal year will provide timely feedback to both clinician and administration on the efficiency of the operation.

The Departmental initiatives of emergency stabilization (ESP and community support (CSP) were begun in FY 83-84. The Center's performance was laudable in the area of CSP where 90% of our goal was accomplished. In addition the resident population from our catchment area was reduced by 32. The Center now has over 70 clients residing in community care homes.

ESP progress was slow with only 25% of our goal accomplished. The change of staff, especially our medical director's extended leave, hampered efforts at reaching our target. The Center, however, remains committed to reducing the flow of patients from our area to the Central institutions.

As mentioned earlier in this report, the Center has undergone more change in this fiscal year than any other time in its history. This change, however, has brought with it an air of anticipation and enthusiasm which has been lacking for many years. The Center looks forward to the challenges of the new fiscal year.

CATAWBA CENTER FOR GROWTH AND DEVELOPMENT

The Catawba Mental Health Center is a comprehensive center designed as a community-based program to address the mental health needs of the residents of York, Chester and Lancaster Counties.

The Center provides services in all three counties which are coordinated from the main office located in Rock Hill, S. C., and operates satellite offices in Chester, Lancaster and satellite services in the town of York. The Rock Hill facility provides 24-hour emergency services, inpatient and structured intensive care services. As a comprehensive center, operations are designed in accordance with local, state and federal guidelines to facilitate quality care in prevention and diagnosis/treatment of emotional and mental disorders.

With regard to the Needs Assessment Survey this year, the citizen's survey data showed that there continues to be a lack of public awareness regarding Center location, referral process and services. The Board last year set priority for emphasis to be on educating the professional community since they are primary referral sources; and therefore, only limited programs emphasized education of the general community. There was an increase in the professional community's awareness of specific services offered at the Center, in contrast to last year's awareness indicated only knowledge of general services such as counseling on mental health treatment. This awareness of specialized services was facilitated by the new brochure mailed out which identified all programs and was mentioned by a number of responders.

Based on the data, it was noted that public awareness/promotion is minimal, but is in keeping with established board priorities. No further changes are needed if priorities remain the same.

There was much improvement noted in professional awareness of services. It was recommended that attention be given to feedback/communication procedures that will enhance the satisfaction level of our referral sources tremendously.

The major emphasis for changes for fiscal year 1983-84 was implementing the CSP and ESP programs. These programs which include goals and funding sources have resulted in certain visible changes, additions, and programs. More importantly, however, they depend on a change in philosophy and a commitment to new goals which has had to permeate the entire staff. The program changes include redesigning the Structured Intensive Care program for patients who are acutely in need of stabilization with a limit of 6 weeks being the standard for length of stay. Extended hours supervising 8:30 a.m.-5:00 p.m. was added to this program. One stabilization bed was contracted with a local community resource.

A psychosocial rehabilitation (Clubhouse) program was implemented and has an average daily attendance of clients (20) after 6 months of operation. Transportation is now provided for patients from Chester County, Lancaster County and western York County via 4 vans to Structured Intensive Care and Clubhouse. A new Community Care Home has been licensed in the area with Mental Health Center staff fostering this effort. Satellite staffs have been expanded by Mental Health Assistants and Therapeutic Assistants to expand case management efforts.

These programs have resulted in a reduction of emergency admissions and a decrease in census of catchment area residents in state institutions.

The Human Service Demonstration Project ended in October and is no longer a drain of energy on the system.

The Child/Adolescent staff has been increased by 1 to offset the losses in staff of last year.

Relationships with the local hospital, Piedmont Medical Center, have been strengthened during the year.

Although not in the Plan of Operation, Catawba Mental Health Center staff contributed significantly to Department of Mental Health Disaster response in a Presidentially declared major disaster in the state (45 tornados which struck March 28, 1984).

CHARLESTON AREA MENTAL HEALTH CENTER

The Charleston Area Mental Health Center has been supported by an active and involved Board who assisted with local funding sources. Membership of the Board has continued to be strong in terms of active community leaders, and participation in the many aspects of the helping profession has served to make membership on our board more meaningful.

Agreement was reached with Charleston County Council for a reduction in the annual maintenance/rental fee in exchange for in-kind services provided by Center staff to certain county agencies. One of the newer consultation and education services is taking place at Charleston County Jail. In other prevention efforts, Center clients and staff are involved in the Psychiatric Genetic Satellite Clinic which continues to be well attended.

Community Support and Emergency Stabilization Programs have concentrated on several areas. Funds from aftercare and federal funding have enabled the Center to procure medication for patients who are unable to afford it and to have emergency injectable medications available.

Daily court liaison work has facilitated aftercare patients being seen the day they are released from court if they arrive in the community without medication or have other immediate needs, as there is no waiting period

for adult intakes to be seen. One of the licensed community homes is under contract to provide emergency shelter a maximum of 30 days while a patient is being stabilized in the community.

Talks are continuing for possible reopening of the psychiatric inpatient unit at Charleston Memorial Hospital since there are no other local options for hospitalization of indigent, Medicaid or Medicare patients. This is a joint effort of Charleston County Council, Department of Psychiatry of Medical University of S. C., and the Department of Mental Health through the Charleston Area Mental Health Center.

Special needs of CSP patients have been met, such as purchasing orthopedic shoes, emergency shelter, specialized training for community home operators, doctors' visits and medicines associated with medical problems.

The Living Skills program was modified in numerous ways:

- Hired a new coordinator and nurse who received training in Fountain House model.
- Secured clubhouse of over 2,000 square feet at a cost which covers owners' taxes and insurance, enabling move into the community.
- Renovations helped "members" acquire job skills useful in seeking employment.
- Increased to three-full-days-per-week operation with 30-35 members attending each day.
- Socialization and education needs are being addressed along with preemployment skills.

Services of a volunteer psychiatrist and several Masters-level counselors were utilized under the supervision of Center staff. Additionally, a resident psychiatrist from William S. Hall Institute was assigned to the Center two days a week during one quarter.

Sixteen volunteers with a Mental Health Center consultant operate a weekly recreation, socialization and physical fitness program at a church in the community.

CSP/ESP funding enabled us to acquire six additional staff members throughout the Center to enhance Intake/Emergency Services, Transitional Living Service and the Living Skills Program.

By contracting with our part-time staff psychiatrist, we were able to reallocate funds to cover a new Mental Health Counselor position for the Child-Adolescent Unit.

The elimination of the Physician's Assistant training program in the state caused us to reclassify our two Physician's Assistant positions to two Community Health Nurse II positions for psychiatric nurses.

With continued emphasis on quality assurance, the Center received for the year a 93 percent compliance in documentation audits and 92 percent

compliance in appropriateness-of-service audits.

Active caseload statistics for the Center and census data (1980 estimates) for the catchment area reveal the following:

	<i>Caseload</i>	<i>Census Data</i>
Race		
White	51.3%	65.9%
Black	48.0%	32.8%
Other7%	1.3%
Sex		
Male	46.1%	50.4%
Female	53.9%	49.6%

The average active caseload for the Center ranges between 1,400 and 1,500 and is comprised of 16.4 percent children up to age 17, 74 percent adults aged 18-54, and 9.7 percent elderly (age 55 and above).

In the 1983 cost analysis recently prepared by the Department of Mental Health for the 17 centers and clinics in the state, Charleston had the lowest cost per clinician hour, second lowest cost per clinician contact and second lowest cost per consultation-and-education hour. Comparatively speaking, this Center's clinical staff is at the top in number of hours spent per day delivering clinical services to clients.

Final statistics for 1983-84 are not available yet, but indications are that the Center had more than 20,000 direct treatment client contacts for the year, plus approximately 5,000 face-to-face contacts with collaterals, who are usually family members.

COASTAL EMPIRE MENTAL HEALTH CENTER

Coastal Empire Mental Health Center provides comprehensive mental health services to the citizens of Allendale, Beaufort, Colleton, Hampton and Jasper Counties. Presently services are offered in six locations. This past year has brought a number of challenges and changes for the clientele, staff and Board of Coastal Empire Mental Health Center.

First, changes affecting the clients have been significantly positive despite the closing of the 1 day/week operation in Hardeeville and the ½ day/week operation in St. Helena Island. More clients than ever have received services this year in addition to a tremendous increase in the hours of service received (See Table Below). The total caseload as of June 30, 1984 was 1,152.

	<i>FY 82-83</i>	<i>FY 83-84</i>	<i>Percentage of Change</i>
Admissions	1,332	1,574	Increased 18%
Direct Service			
Contacts	20,702	22,699	Increased 10%

Direct Service			
Hours	14,774	26,289	Increased 78%
Average Daily			
Contacts	95	113	Increased 19%

A significant proportion of the increase in direct service hours can be attributed to the implementation of the Living Skills Program in February in both Beaufort and Colleton Counties.

The composition of clientele has also significantly changed. The Center is now serving more elderly persons and more black persons than in previous years. (See Table Below)

	FY 82-83	FY 83-84	Percentage of Change
Adult	761	1,050	38% Increase
Child	357	325	9% Decrease
Elderly	61	89	46% Increase
Black Females	192	268	40% Increase
Black Males	182	228	25% Increase
White Females	470	602	28% Increase
White Males	321	348	8% Increase

Two other factors affecting clients directly are the implementation and success of the Community Support Program (CSP) and Emergency Stabilization Program (ESP) efforts. Our goal for CSP was to return 20 long term hospitalized clients to the community. We successfully returned 14 persons (70% of our goal) and can proudly report that none of these persons has required re-hospitalization in large part due to careful screening and more importantly to quality care delivered by staff.

The ESP effort deflected 57 persons from admission to the State hospitals, thus reducing the State hospitalization rate per 10,000 population from 15.9 to 11.3. Again, credit is due our staff for their willingness and creativity in preventing persons from hospitalization when other measures could be implemented.

Consultation & Education efforts are highlighted below:

- a) Completed a major project for the U.S. Marine Corps involving ten hours of instruction for all married Drill Instructors (DI's) at Parris Island. This project included a significant research and evaluation component on the effects of stress on personal and family functioning.
- b) The C&E units work in the area of domestic violence has continued to receive considerable national attention.
- c) The Key Wives Program provided support and training for wives of deploying service members.
- d) Consultation and Education was provided for area schools, hospi-

- tals, law enforcement and human service agencies, and industry.
- e) Courses for the general public were offered on topics of stress management, parenting skills, assertiveness, etc.

Second, challenges presented to the staff were many. July saw the beginning of staff departures- in September the Assistant Director resigned and in December the Director transferred to Columbia. Fortunately our new Director came aboard in January. Then in ensuing months Coastal Empire Mental Health Center received notice of departure from the Director of Medical Services, A C&S staff person, 3 clinical staff persons and clerical staff. The bright spots of the year were the addition of 4 staff persons and the requested in-house transfers of 3 clinical staff. In all, a change of the either coming or leaving of 17 persons significantly affects staff. It is to our credit as an entire staff that client service has continued being delivered in a quality manner.

Staff have been involved in other changes as well. One has been the increased use of the computer; however, many problems continue as a result of faults in the software.

Fee collections have increased over the past year (See Below).

	<i>FY 82-83</i>	<i>FY 83-84</i>	<i>Percentage of Change</i>
1st Party	\$87,753	\$143,635	63% Increase
(includes C&E)			
3rd Party	\$84,774	\$108,209	28% Increase

Last, the Board has been faced with some challenges. They have adapted well to the new director. The Board Chairperson resigned in December, and a temporary Board Chairperson served until June of 84. A number of vacancies and expired terms currently exist in the Board composition. In spite of these changes and challenges the Board members continue to meet regularly and advise the Center.

COLUMBIA AREA MENTAL HEALTH CENTER

The Columbia Area Mental Health Center provided direct treatment to over five thousand citizens of Richland and Fairfield Counties. The Center continued to provide a wide range of comprehensive mental health services, including over thirty thousand Outpatient and Emergency contacts.

The Center's Consultation and Education Unit recently helped establish Columbia's first Rape Crisis Network. The Unit also provided more than fifty mental health education projects in the community.

The new Lower Richland Satellite Office (7356 Sumter Highway) has improved service accessibility for residents of this large, predominantly rural area. The new office rests on a foundation of years of comprehensive

multi-methodological needs assessment.

In the first year of implementation the Center's new Emergency Stabilization and Community Support Programs reduced emergency admissions to central State psychiatric facilities by over 18%. Our Emergency Stabilization Program screens potential emergency inpatient admissions and, when appropriate, provides alternative crisis stabilization and treatment services in the community. Our Community Support Program supports the return of the chronically mentally ill from central psychiatric facilities to their home community.

The Center has begun major organizational restructuring to insure the continued success of the Emergency Stabilization and Community Support Programs. New physicians have joined the Center staff to expand psychiatric medical services and, through new contractual arrangements, improve interagency continuity of care. A newly created Community Liaison Unit now paves the way for and supports the community reintegration of patients discharged from inpatient psychiatric care. The new unit provides early, comprehensive pre-discharge planning and continuous follow-up to prevent service fragmentation, discontinuity, or inaccessibility to needed services.

In Fiscal Year 1984-85 the Center plans to continue its development and mobilization of resources to maintain patients in the less costly, less restrictive, natural community. The Center will fully operationalize a new satellite office in Northeast Richland County and open a new Psychological Rehabilitation Center to provide basic living and prevocational skill development. The Center will also pursue a group treatment home for emotionally handicapped children and an adult transitional living facility in Fiscal Year 1984-85.

GREENVILLE MENTAL HEALTH CENTER

The Greenville Mental Health Center staff over the past year has continued to provide good quality care in a professional manner to the citizens of Greenville County's upper catchment area. We have continued to maintain a close working relationship with the private sector who are also delivering care to the emotionally disturbed. We have maintained a close working relationship with Marshall I. Pickens Hospital. We work closely with the Emergency Room and inpatients of Greenville Memorial Hospital in providing consultative services. Conversely, the private sector, the hospital, and other services agencies work closely with us in providing for the physical and other needs of our patients.

Total direct patient contacts increased during the last Fiscal Year by 6.50 percent. It is gratifying to note that the largest increase was in the Child and Adolescent Program where direct contacts increased by 1,400

for a total of 8,877 persons. These increases were despite fewer staff persons available this year to provide services.

Our ESP and CSP Programs have not been nearly as effective in reducing emergency admissions to state hospital facilities as we had hoped for. This has been primarily a result of our not having sufficient alternative resources. Our CSP placements are lower than we had hoped for because of the high demands upon available placements in Greenville by ours and other agencies within the County. The response to our efforts to develop new boarding home facilities has been poor. We anticipate improvement in these areas.

Our Child and Adolescent Unit is continuing to work closely with the Department of Social Services and the Solicitor's office successfully in the child abuse program developed by these three agencies.

The Board members of the Greenville Mental Health Center have been very active in support of the Center and have continued to provide very valuable guidance. Also, it was in response to their involvement that \$228,000 has been raised toward construction of new office space for the Child and Adolescent Unit. The Greenville Hospital System has contributed land for the site of the construction. In June, 1984 Dr. Jack Frasher resigned as Chairperson of the Greenville Mental Health Center Board after five consecutive years in that position. During these past five years, he has worked very diligently. He has given much of his time to the duties of Chairperson and has never missed attending a Board meeting. He will be replaced as Chairperson July, 1984 by the past Vice-Chairperson, Ms. Kathleen P. Jennings, Assistant Solicitor of the Thirteenth Judicial District.

LEXINGTON COUNTY MENTAL HEALTH CLINIC

FY 83-84 was a year of mixed blessings. The staff had been overjoyed at moving into a new clinic building in April, 1983. However, in a matter of a couple of weeks, the staff became overcome with toxic fumes emanating from the air tight building. Ultimately, by July, all personnel were forced to evacuate the building and did not return until November. The overall experience resulted in a significant loss of staff time, increased stress, disruption of services and the inability to adequately generate new programs.

With the advent of the CSP and CSP programs in July, there developed a need to hire new staff and initiate appropriate new services. Fortunately, the clinic was able to hire another psychiatrist on a full-time basis. An activity therapist joined the staff in order to establish a daily living skills program. Finally, added help was given to the emergency services with the hiring of another triage worker.

Lexington County consists in approximately 730 square miles of which 700 is rural. Thus, in order to more efficiently and effectively serve the rural catchment area, efforts were started towards establishing a satellite office in the City of Lexington, which is also the county seat. The office is primarily designed to offer aftercare and emergency services. General outpatient therapy continued to be provided at the West Columbia office which is located in the more urban area.

A major development consisted in the establishment of community care homes licensed by the Department of Mental Health which provided alternate living for former long-term hospital patients. At the beginning of the year, there was one home with two residents whereas at the end, there were eight homes having fifty residents. A staff nurse was assigned to act as consultant to the homes which has resulted in being a full-time assignment.

Emphasis has also been placed on the addition of new community based activity groups which serve the clientele closer to their home environment. Once a month, a group of staff members travel to twelve different sites in the county where therapy services are rendered. This approach has led to greater compliance with treatment by all participating clients. In conjunction with the groups, nearly thirty-five volunteers assist the staff on a monthly basis. This valuable time accounts for seventy hours per month.

Our collaboration with area schools continued in full swing. The clinic believes strongly that close contact with school personnel helps greatly to resolve emotional and behavior problems that are detected in the school. Thus, contractual agreements were conducted with two school districts, one in the immediate vicinity of the clinic and one in a remote rural area. Limited staff prevented the clinic from reaching out more extensively to all school districts.

A most effective and popular service at the clinic continues to be a group for people having great dependency needs. The group provides people an opportunity to develop techniques for resolving interpersonal conflicts and to learn new assertiveness skills for assuming greater responsibilities for daily living.

In the coming year, the clinic will continue to focus on the development of children services according to the Department guidelines. Efforts will be made especially in the establishment of a community group home for children. Also the clinic will continue the process for deinstitutionalizing former long-term hospital patients and establishing alternate living arrangements.

ORANGEBURG AREA MENTAL HEALTH CENTER

Summary Statistical Data

Direct Services:

Admissions	1,015
Persons Served	1,563
Contacts	21,401
Amount of Service (hours)	9,569

Consultation, Education, and Prevention Services:

Contacts	59,914
Amount of Service (hours)	1,872

Goal Attainment

- I. *To have increased the average number of hours of volunteer service provided each month during fiscal year 1983-1984 by 20% over the number of hours provided during fiscal year 1982-1983.*

The average number of hours of volunteer service provided each month rose from 63.8 hours in fiscal year 1982-1983 to 72.8 hours in 1983-1984, an increase of 14.1%. Number of active volunteers increased by 210%.

- II. *To have reduced the number of emergency admissions to state psychiatric facilities from the Orangeburg area during fiscal year 1983-1984 by 10% from the number admitted during fiscal year 1982-1983.*

The number of emergency admissions declined from 181 in 1982-1983 to 156 in 1983-1984, a reduction of 13.8%.

- III. *To have served 10% more clients age 55 or older during fiscal year 1983-1984 than were served during fiscal year 1982-1983.*

The number of clients age 55 or over decreased from 277 in 1982-1983 to 184 in 1983-1984, a decline of 33%.

- IV. *To have increased by 10% the number of hours of case and program consultation provided to community agencies which provide services to children and adolescents.*

In fiscal year 1982-1983, 481.5 hours of consultation and education were provided to groups which serve children and adolescents. In 1983-1984, 247 hours were provided, a decline of 48.7%.

- V. *To have reduced the number of chronic, long-term patients from the Orangeburg catchment area who are served in state psychiatric facilities during fiscal year 1983-1984 by 20% from the number served during fiscal year 1982-1983.*

On July 1, 1983, there were 56 chronic patients from the catchment area in state psychiatric facilities who were awaiting return

to the community. During the year, 8 of these patients, 14%, were returned to the community.

Other Significant Events

Facilities: Plans for acquiring an adequate facility for the Center's main office have made great progress. In December 1982, the office was moved into part of a building which had formerly housed the county hospital. During 1983, plans were made for the Center, the county health department, and some other county offices. The renovation was scheduled to begin in June, 1984. Due to the renovation work the Center is now in temporary quarters; however, the return to the renovated building is projected to occur before the end of the calendar year.

Quality Assurance: An analysis of quarterly audit reports reveals that the Center's clinical records have become increasingly consistent with the regulations of the CMHS Office of Quality Assurance. Work is presently underway on the development of a system to credential staff members for the provision of specific services.

Community Services: The Consultation, Education, and Prevention Component has been actively involved in community education regarding the treatment of mental illness and in efforts to increase awareness of resources for treatment. During 1983-1984, emphasis was placed on the use of newspapers and radio. The Coordinator of the CEP Component was a guest on several radio programs. Articles appeared in local newspapers each week during the year and each day during May, Mental Health Month.

In cooperation with the Aftercare Component, Community Services developed an educational program directed toward families of chronically mentally ill patients. Utilizing group meetings at the Center and home visits by volunteers, the program aimed to teach family members what types of behavior to expect from the patients and to teach them appropriate methods of dealing with the patient's behavior.

Children's Services: Application has been made by a community group for funds to operate two treatment homes for emotionally handicapped adolescents. Plans call for the Center to be involved in the treatment program for the residents. The Child and Adolescent Component has developed educational programs on "Suicide Prevention" and "Incest." These have been presented in area schools and a number of presentations have been planned for the coming year.

Computer System: Installation of the software for operation of the Center's mini-computer has been completed. The system supports the Center's financial/budgeting and research/evaluation activities. Use of the computer has drastically reduced the time required for accessing client information for evaluation studies, for preparing monthly state-

ments, and for preparing budgets. The Center uses the computer to balance its accounts receivable on a daily basis and to provide monthly reports which present expenditures broken into 15 cost centers.

Satisfaction Survey: The Center's annual survey of client satisfaction was conducted during July, 1983. Names of active clients were chosen at random and therapists were asked to have each client complete a survey form on the next visit. Over sixty percent of all respondents reported satisfaction with the Center's services.

Annual Meeting with Legislative Delegations: The Center continued its practice of holding one board meeting each year in Columbia and inviting the legislative delegations from the counties in the catchment area to attend. These meetings serve as vehicles for acquainting legislators with the work and needs of the Center and the Department.

PEE DEE MENTAL HEALTH CENTER

The Pee Dee Mental Health Center continued to confront directly the problem of diminished financial resources. One office had been closed at the end of the previous fiscal year. A second was closed at the end of the 83-84 fiscal year. To partially offset these necessary cutbacks, the center developed plans to expand the main office facility. Proposed construction, which awaits funding, will provide additional space for offices, client activities, and an expanded day treatment program. Efforts by staff to maintain quality services to the community can be recognized in the specific program areas which follow.

The center Community Support Program placed all clients identified as in need of community placements. Many were placed in a regional project and efforts were made to work on a daily basis with this client population. Planning was begun to expand services in the catchment area for these clients as well as all the other chronically mentally ill clients in the area.

The Quality Assurance Committee functioned as an auditing committee for the past year. Additionally a clinical care study was designed and implemented. The data is now being analyzed for summary. The focus was on stabilizing changes in the record system and bringing center records into compliance. Audit scores and disallowance indicate this has been successful.

The Aftercare program has been very active. Aftercare has been consistent with Hospital referrals, and the new "Rotating Intake System" has enabled staff to see many patients on the first day out of the hospital. This has resulted in more consistent care and a better linking process in the community. The Court Referral System with the liaison calling and giving the patient an appointment date at probate court has also helped to streamline the system. Boarding home placement for Aftercare patients

and CSP patients has been expanded with the patients being seen in the hospital and matched to their needs in the community. This has resulted in a minimum of patients who have to return to the hospital.

The center re-evaluated its Day Care Program. The beneficial results of this evaluation were the identification of two areas of concern: 1) the necessity to develop a Partial Hospitalization Program that would more efficaciously serve the particular needs of our catchment area; and 2) the further development and refinement of the existing Living Skills Program. Working within these two targeted areas, the center was able to make great strides toward a more comprehensive approach to community-based treatment programs. The Living Skills Program was commended by the state office for its successful efforts to effectively deliver a higher quality Living Skills Program. This was accomplished by developing clear-cut client criteria for the program plus the implementation of a structured task-oriented concept to goal completion. Also a close working relationship with Vocational Rehabilitation, Pee Dee Regional Transportation Authority and the Department of Social Services was developed. Also during the year, the center was able to plan for the building of a structure that would house a Comprehensive Day Care Unit. Part of this planning includes the implementation of a Partial Hospitalization Program focused on stabilizing clients in the community in lieu of 24-hour hospitalization. This plan calls for a more cost-effective program approach, and for the more efficient utilization of center staff in offering such a program in a largely rural catchment area.

Working with a goal of prevention of emotional problems, the Consultation, Education and Prevention Service initiated two primary projects in the community. "Welcome Baby", a child abuse and neglect project, began in August, 1983 at McLeod Regional Medical Center. Funded by the United Way of Florence County, the program is offered by ten volunteers who provide caring, sharing and support to high risk mothers of newborns. In addition, "Small Wonder" was offered at a local day care facility. This program provides physical, emotional and intellectual stimulation to assist the child (0-3 yrs.) in his development thereby preventing future problems. Thirty-five children were served for a six month period of time.

To expand community efforts, CE&P Services began airing monthly series of public service announcements on local radio stations. Each month a particular subject related to mental health is discussed. Related to these efforts as well as working to reach the chronic patient and his/her family, several projects were undertaken by the center and the Florence County Mental Health Association. Staff participated in the Association's "Sandwich Seminars" which are informal discussions of various mental health topics. Plans were made to begin the "Community Connection"

program to assist patients discharged from psychiatric hospitals and to start a family support group to help those individuals who have family members with emotional problems.

PIEDMONT CENTER FOR MENTAL HEALTH SERVICES

The Center has continued to maintain four office sites to serve the catchment area which has a population of about 120,000. Two offices, Simpsonville and Greer, offer all outpatient services on a full time basis. The Piedmont Satellite is open two full days a week. The fourth office is the Partial Hospitalization program located in a house in Simpsonville where a six hours a day daily living skills program is provided. This program continues to be heavily utilized.

The Center continued to strengthen community support services for patients with long term mental problems. The Center renewed its contractual agreement with Goodwill Industries of Upper South Carolina, Inc. Up to fifteen Center patients at one time are served at Goodwill Industries. This daily living skills program helps the patient to better adjust to daily living including the work place, assists the patient to become productive and to earn income, and also helps the patient move into the competitive employment market. Center staff provides treatment services and supervision of the patient during this process.

The Center also renewed the agreement with Carolina Retirement Center to provide housing placements for aftercare patients who need housing placements with some supervision.

As Fiscal Year 1983-84 was drawing to a close, Gateway House, a psychosocial clubhouse for chronic patients, was opened in June 1984. The Center contracts with Gateway House, Inc., to serve a number of Center patients. This program started with a part-time schedule but will begin to operate five days a week in Fiscal Year 1984-1985.

The Bethany Home for boys and the Clear Spring Home for girls which are community treatment homes for children, were fully operational with all twelve beds filled during the fiscal year. The Piedmont Center for Mental Health Services contracts for the operation of these home with the Piedmont Treatment Homes For Adolescents, Inc., a private nonprofit corporation.

The Piedmont Center contracted the services of a Quality Assurance consultant, Dr. Kinley Sturkie. Dr. Sturkie is on the faculty of the Sociology Department at Clemson University. He has a Master of Social Work degree from the USC and a doctorate degree in Social Work from the University of Southern California. In addition to his skills in research and quality assurance, Dr. Sturkie is a trained and experienced clinician. Dr. Sturkie assists the Center in complying with Quality Assurance

Standards and has also done a Client Satisfaction Survey and a Clinical Care Study.

The Piedmont Center for Mental Health Services has continued to expand its Quality Assurance Program by focusing efforts in the two areas of clinical research and in an expanded program of record and service review.

In the Spring of 1984 the Center's fifth consecutive Client Satisfaction Survey was completed. A representative sample constituting 4% of the current Center caseload completed a client satisfaction scale that measured the client's perceptions of the accessibility and availability of services, the nature of the treatment process, and the results of treatment. All three Center offices were rated very high on all three components of service delivery. (With a potential range of scores from 19 to 76, the overall mean satisfaction rating for Piedmont Center clients was 63.38). The finding of high satisfaction was also found to be consistent for important agency sub-populations (males and females, blacks and whites, and children, adults, and the elderly), as well as for an additional sample of former clients. The quality of the client-worker relationships were rated extremely high. Furthermore, 97% of the clients suggested that they would utilize Center services again if necessary, and 99% suggested they would refer their friends and families for services.

Work has also begun on a comprehensive study of approximately 70 clients whose residence is within the Center's catchment area who were discharged from one of the Department's major institutions during the fiscal year. This clinical care study will focus on the patterns of usage of the Center's Community Support Programs by these clients and how this impacts on post-institutional adjustment. Preliminary findings indicate that the Center has been at least relatively successful in establishing contact with these clients though this research continues.

Another focal point of the Quality Assurance Program has been extensive documentation reviews of Center records over and above those mandated and required by the Department. These reviews have been intended to help any counselor who may have experienced problems with documentation in the past, as well as to prevent "inactive" cases from becoming "lost." With the development of the newly inaugurated clinical service forms, counselors have also been receiving increasing feedback on the quality of their records and criteria for evaluating services are being developed as the Center moves ahead with the Department's new program of records-grading.

The total number of new admissions for calendar year 1983 was 1,331. In addition approximately 300 cases were seen for screening only. Of the 1,331 admissions, 39.2% were males and 60.8% were females; 86.9% were white and 13.1% non-white; 64.6% were referred by self, family or friend

while 35.4% were referred by other sources; and, 70.8% were adults, 25% children and 4.2% elderly. The percentage of cases admitted with severe problems continued to increase over the previous year. 10.7% received a primary diagnosis between 290.00 and 299.90. This trend is in keeping with the State and Federal trend of focusing more services toward treatment of the seriously mentally ill, especially in providing more case management and community support services. It is expected that the percentage of clients in these diagnostic groupings will continue to increase. The Center will continue to focus on serving the chronically mentally ill, children and the elderly. During 1983-84 the Center initiated a project in an apartment complex for the elderly. Basic community organization approaches were used with the two Center staff members serving in initiating, consultative, assisting and catalyst roles. Community meetings were held, social activities planned by the citizens, problems and needs identified by the elders and with consultative help they planned ways of dealing with the issues. Other social and health agencies and resources were brought in as needed. This project proved to be well received and effective. This approach will continue in serving the elderly.

Additional staff time will be assigned to child and adolescent services. The daily living skills programs will continue to be improved and utilized more along with regular outpatient aftercare services for the chronically ill.

The Center is pleased with the accomplishments of 1983-1984 and looks forward to a successful year in Fiscal Year 1984-1985.

SANTEE-WATEREE MENTAL HEALTH CENTER

The Santee-Wateree Mental Health Center has continued to offer services at the same level as the previous year. Maintenance of services has been one of the major goals of the Center. As in the past, the Center serves the counties of Sumter, Clarendon, Kershaw and Lee with offices located in the county seats of each county. The Center has consistently attempted to make its services available and accessible to the population of the catchment area. The services delivered are: Outpatient, Inpatient, Emergency, Partial Hospitalization (Living Skills), Consultation and Education, Aftercare, and Children's Services. There is a specialized service for the elderly patient which is submitted under Outpatient Services.

A Board of Directors gives positive direction to the Center. The Board is comprised of fourteen members with county representation on the Board in proportion to that county's population in the catchment area. The Board has continued to maintain its Citizens' Advisory Council which meets quarterly around tasks assigned to it by the Board. Over the past year, the Council has been responsible for an assessment of the needs of the chronically mentally ill patient, in particular those placed in boarding

homes. The Advisory Council continues to be a valuable asset to the Board and the Center.

The maintenance of service is reflected in projected service statistics for FY 1983-84. Admissions are projected at 1,583, a 9% reduction over the previous year. However, unduplicated client contacts are at 6,721, a significant increase over the previous year. Outpatient contacts are at 15,167, Partial Hospitalization (Living Skills) days are projected to be 1,950 and Consultation and Education contacts are estimated at 31,860.

An impact on this Center over the past year has been a significant turnover in staff. The Center has had an attrition of over one-fourth of its staff. Recruitment of staff with strong credentials and experience has been difficult, at best. In the interim, other staff have had to carry uncovered responsibilities, putting an additional stress on that staff. In spite of these staff shortages, the Center had made several major strides over the past year.

First, attention was given to eliminating the waiting list for outpatient treatment. In principle, it has been recognized that the Center offers short-term crisis oriented therapy and that there is less of an ability to offer long-term outpatient therapy for personality dysfunction. A number of internal changes were made to tighten up case assignment, to assure a smooth flow of cases and to close cases in a timely manner. All of this resulted in a less than two week wait between intake and the assignment of a therapist or case manager, ensuring immediate attention through the walk-in system and expeditious follow through via early case assignment.

Secondly, significant attention was given to the development of both the Emergency Stabilization Program and the Community Support Program. These programs have been a logical "next step" after the Center's efforts the previous year to reshape its Aftercare Service. These efforts were to give greater individualized attention to patients in an aftercare status. Structures that were instituted during that year remain in place and are quite functional.

This Center joined other community programs state-wide in the Department's efforts to reduce emergency hospitalization admissions to state facilities by 20%. In doing so, this Center chose to focus on the counties of Kershaw and Clarendon.

Two registered nurses were employed to do outreach and to monitor medication compliance. Efforts have also been made to strengthen relationships between the Center and those persons in the community most likely to be involved in an emergency admission. All of these efforts have been geared towards building an image of the Center being the entry point for the state mental health system.

At year's end, the program had achieved 88% of its goal. While the efforts of the Emergency Stabilization Program were to reduce admis-

sions, the Community Support Program was aimed at a reduction of residents at the state facilities. Major effort by both the hospital and Center staff was given to screening all residents, identifying those most ready to return to the community as well as those with potential to return. The Center targeted twenty-five patients to be returned. At the end of the year, twenty-two patients had been placed with only one patient being returned to the hospital.

With these major efforts, coupled with the already established services, the Santee-Wateree Mental Health Center has continued to offer a dynamic and vital service to this community. The Center now looks forward to the challenges of the coming year.

SPARTANBURG AREA MENTAL HEALTH CENTER

During the fiscal year 1983-84 the Spartanburg Area Mental Health Center was and continues to be a well functioning and integral part of the larger community mental health system with some stresses and strains due to demands and overloads. There is excellent coordination with the local hospital, both the Psychiatric Unit and the Emergency Room, with the private psychiatrist, the Mental Health Association and the many varied community agencies. Staff are stressed in both Spartanburg and Cherokee county because of such heavy patient loads. Union county staff are busy but not as heavily overloaded.

The Center has made a concerted effort to coordinate with the State Hospital in the screening and placement of patients for the best care in the community under the Community Support Program. Our staff has planned well for the placement of each patient and has necessarily made a reasonably slow start but sound placements. This has been working well with patients making a better than anticipated adjustment to their new home in the community, usually a boarding home or nursing home. We plan to continue this program. We will add much needed staff.

The Center has continued to refine the ever-growing Aftercare Program. Additional staff has been added to this program. Two more nurses and additional psychiatric time have given much needed increased medical coverage for this group of patients who are usually on medications and frequently have a multiplicity of medical problems. There has been coordination with the Mental Health Association in setting up the "Crossroads" program, a kind of Daycare for psychiatric patients. Our two staffs have worked closely together. This program is a nice supplement to both the Aftercare and Living Skills Program. The Emergency Stabilization Program has been vigorously implemented by our staff with excellent cooperation with the local hospital and Emergency Room staffs. We have found it very effective when local bed space is available and feel that this still has very good potential for success in terms of reducing

admission rates to State Hospital. Our main obstacle at the present time is limited bed space at Spartanburg General Hospital Psychiatric Unit. We are supporting the General Hospital in their requests for Certificate of Need to add an additional 15 beds to the existing inpatient unit and the bed space is already built into the hospital, it is just a matter of getting DHEC approval to open them. Hopefully this will be accomplished some time in 1984.

The Center has placed more focus on the elderly. We have two persons on our staff who are fast becoming specialist in the area of Geriatrics. They have attended the training programs offered by the State Department of Mental Health Services. Services to the elderly is a priority in this Center.

As more former hospital patients re-enter in the community and our programs, the Living Skills program increases in number of patients and in services available to them. We have had an average of approximately 15-20 patients daily in this program. It's anticipated that this program will grow. The Living Skills staff have involved more and more talented community people in special programs such as sing alongs, dancing and fencing. We're bringing the outside in to enhance the patients view on life. These programs have added life and fun and much Center interest.

For several years we've recognized the need for a greater focus on children and youth. We increased services to children from ten percent of patient load to twenty percent during the year. We have just started a special program for the children of the mentally ill. We plan to continue to emphasize our services to children. Presently, we're involved in a needs assessment relative to the need for treatment homes for children.

The Center is fortunate to have adequate financial building from the three counties. Collection of patient fees is also good.

The Center staff have largely met Quality Assurance Standards having made considerable effort toward accomplishing this task.

Our greater need is in the area of additional staff in Gaffney and in Spartanburg. We're working toward the goal of adding staff at each place to reduce overload.

The past year 1983-84 was one in which the staff, the Board and the community functioned well together.

Our staff turnover has been very low over the last several years but 1983-84 saw us have some increase in staff turnover. We had three secretaries leave our staff, two for better paying jobs and one was terminated. We had five clinicians leave our staff in 1983-84 and of these five, two were senior clinicians who retired after many years of faithful service to our Center. The other three clinicians left for better paying jobs in the community or with other agencies. We were able to replace the secretaries quickly with an overall improvement in our administrative

support program and we have replaced one of the clinicians that headed up our satellite center with a very capable replacement. We are actively recruiting to replace the other clinical slots that remain open and expect to fill them very soon.

TRI-COUNTY MENTAL HEALTH CENTER

The Tri-County Mental Health Center is the only comprehensive mental health treatment resource available for 100,878 people in Chesterfield, Marlboro, and Dillon Counties. According to 1980 census data the area is considered a rural poverty area with 27.1% of all families living below the national poverty level. In 1982 the three county area also had one of the highest unemployment rates in the state with 11% to 25% of the work force having been unemployed at some point during the year. Since then Marlboro County has either led the State or has ranked second in the number of people who continue to be unemployed.

The area also has the highest rate of separation, divorce, or widowed individuals in the State of South Carolina. These factors, combined with a critical shortage of health service providers, adversely affect the mental health status of area residents.

The Tri-County MHC has been effective in treating the emotional suffering experienced by area residents and made a substantial contribution toward improving local economic conditions. In FY 1982-83 the Tri-County Mental Health Center experienced a 15% increase in new people being admitted to center services. In addition the number of therapeutic encounters increased by 15% and the number of people who successfully completed treatment increased by 25%. The aforementioned trends have continued in FY 83-84. The number of people seeking service has increased dramatically due to a devastating tornado that ripped through Chesterfield and Marlboro Counties. In addition the number of therapeutic encounters have increased at a projected annualized rate of 26% over FY 1982-83. The most significant increase in problems reported by patients at the time of admission have been in the area of schizophrenia, 2) alcohol disorders, 3) disturbances of childhood and adolescence and 4) affective disorders.

The Tri-County Mental Health Center service areas that have experienced heavy utilization during the last two years include the Aftercare followup service which has experienced a 19% increase in new admissions, and a 31% increase in therapeutic encounters. The Special Services for the Elderly Program has experienced a 32% increase in new patients admitted to the program and a 68% increase in the number of therapeutic encounters. The center has formed a close working relationship with the community long term care project this year in order to facilitate after-

natives to institutionalization of mentally ill elderly patients.

The Emergency Stabilization Program made small gains this year and reduced the number of area residents being admitted to S. C. State Hospital facilities, by 29% over the FY 81-82 levels. In addition, the Tri-County Mental Health Center Community Support Program has been heavily involved in the provision of 3,650 therapeutic encounters for 19 chronically mentally ill patients who have returned to our catchment area after significant lengths of stay at S. C. State Hospital facilities.

The Mental Health Center considers the previously described services and our tornado outreach programs to be significant accomplishments in our efforts to serve the people of Chesterfield, Marlboro and Dillon Counties.

WACCAMAW CENTER FOR MENTAL HEALTH

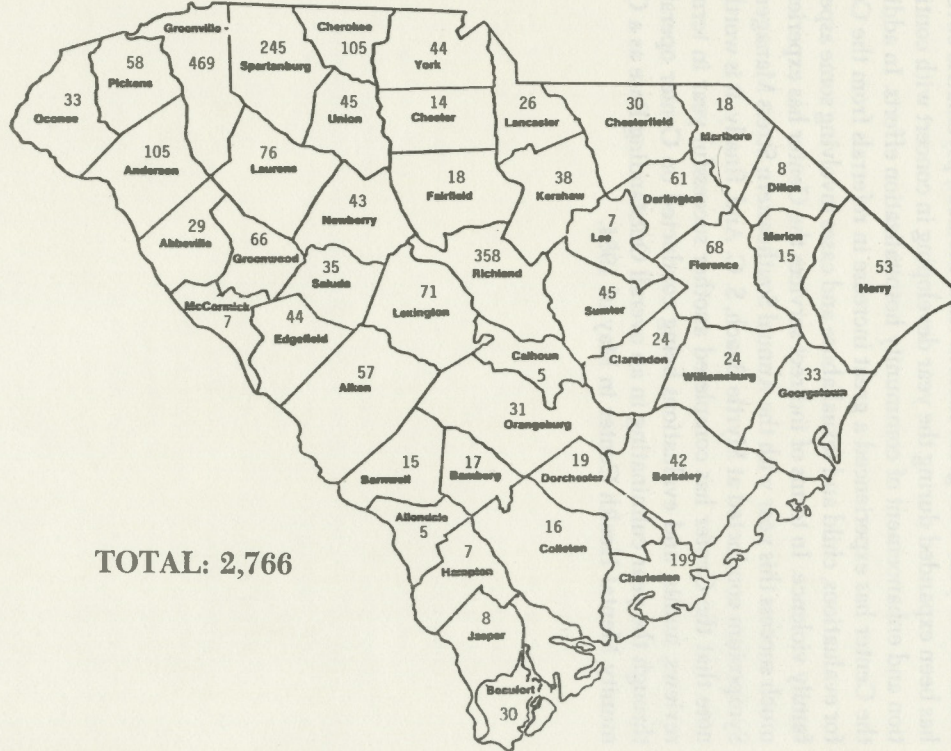
The Center has experienced a number of problems which have been a continuing part of the overall Mental Health effort on a national, state-wide, and local basis. Of primary concern among them has been the lingering questions regarding the adequacy of Mental Health effort funding basis. Once again this year, the issue and concerns do not revolve around growth, expansion and how best to meet the total Mental Health needs in a given area, but continue to revolve around the struggles to maintain levels of budgeting, funding, and programming of recent years. The efforts have been to try and maintain the current level. And, the efforts of the Governing Board and Staff of this Center have been most notable during this fiscal year in view of the fact that while funding is reduced, resources shrink and staff size grows smaller through attrition yet the community requests for service and the Center production levels measured in statistics show this to have been the busiest year ever for the Center.

To illustrate how productive this Center has been in FY 83-84, a comparative review of key statistical indicators will be examined. There were approximately 2,844 more contacts this year than the previous year which elevated the total number of contacts for the year to 23,277. Admissions increased this year by 6%, and the Center's caseload increased by 15%. Our staff had also reached over 60,000 residents through our Consultation, Education, and Prevention programs.

Literally thousands of activity hours have gone on in the district in and around completing the Mental Health job in the community. The vast majority of these activities have yielded positive results along a continuum bordered on the one hand by growth and improvement of the individual client and family through the continuum to hundreds of hours of exposure of citizens of the area to consultation and educational efforts

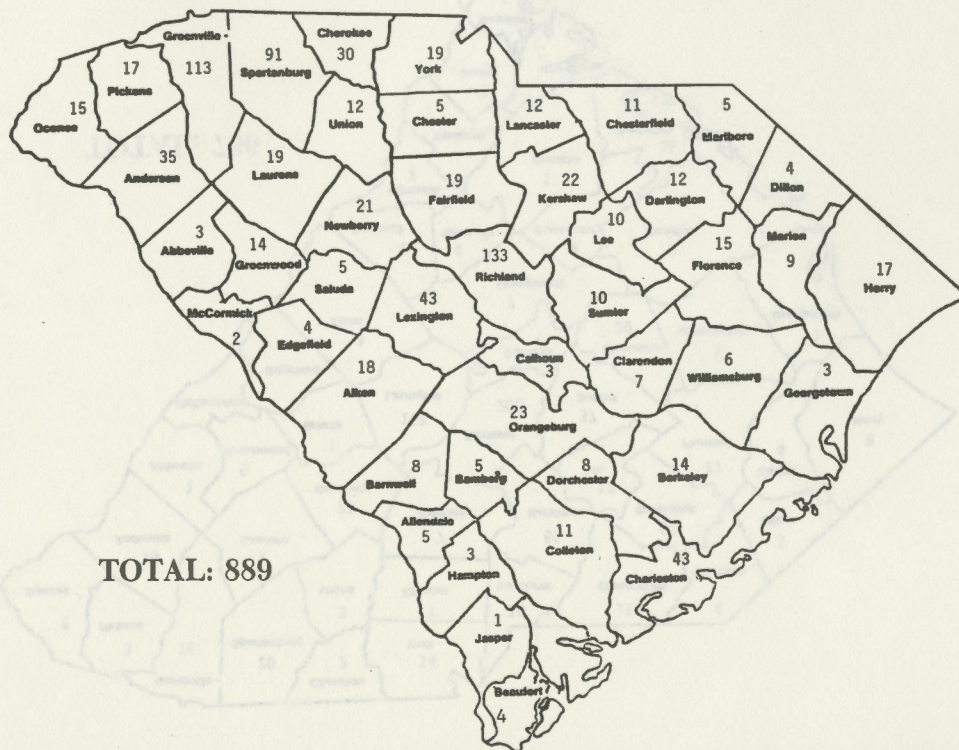
all the way to community-wide coverage of Mental Health issues through media. Recounting the experiences of just one year of all these activities cannot be managed for the purpose of this report. However, listing a few of the primary successful efforts will be undertaken. As has been noted, the Center has experienced its busiest year since its inception in terms of providing direct treatment services to clients. In addition, two new programs, Emergency Stabilization and Community Support have been initiated this year with great success. Also, medical/psychiatric coverage has been expanded during the year developing in concert with continuation and enhancement of community hospitalization efforts. In addition, the Center has experienced a great increase in referrals from the Courts for evaluations, child and sexual abuse and cases involving some aspect of family violence. In terms of indirect services the Center has experienced much success this year with the Annual Southeastern Stress Management Symposium conducted at Myrtle Beach, S. C. And, finally, it is worthy of note that the Center has completed another successful year in terms of reviews, audits, and evaluations being conducted on Center operations through the year culminating in an overall Outstanding Rate as a Community Mental Health Center in May of 1984.

SOUTH CAROLINA STATE HOSPITAL PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1983-1984

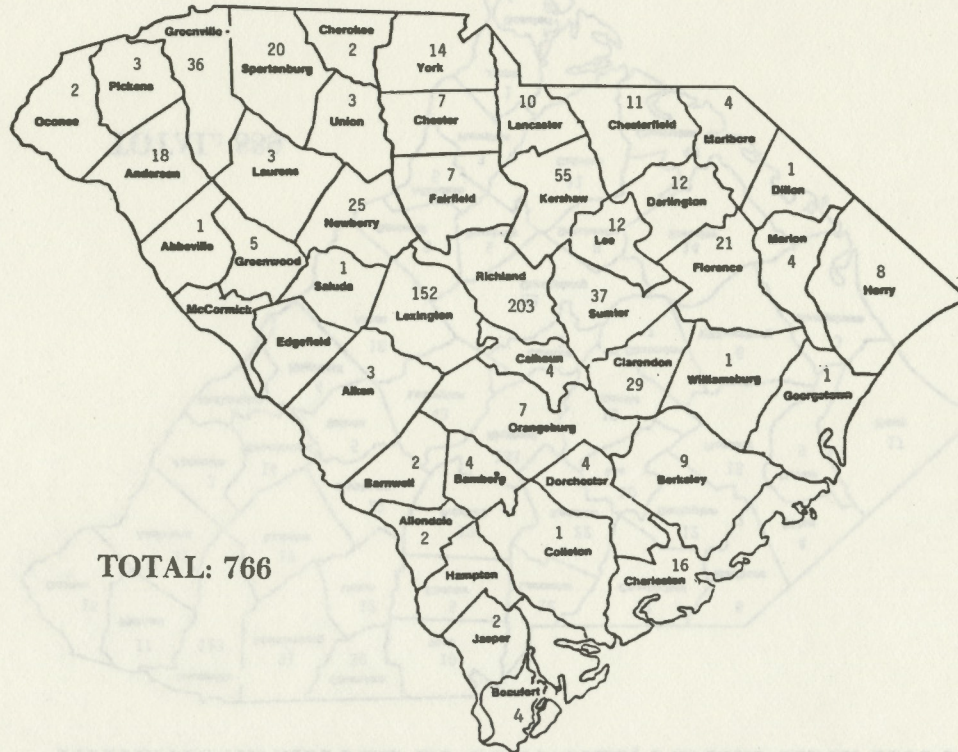


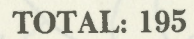
TOTAL: 2,766

CRAFTS-FARROW STATE HOSPITAL PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1983-1984

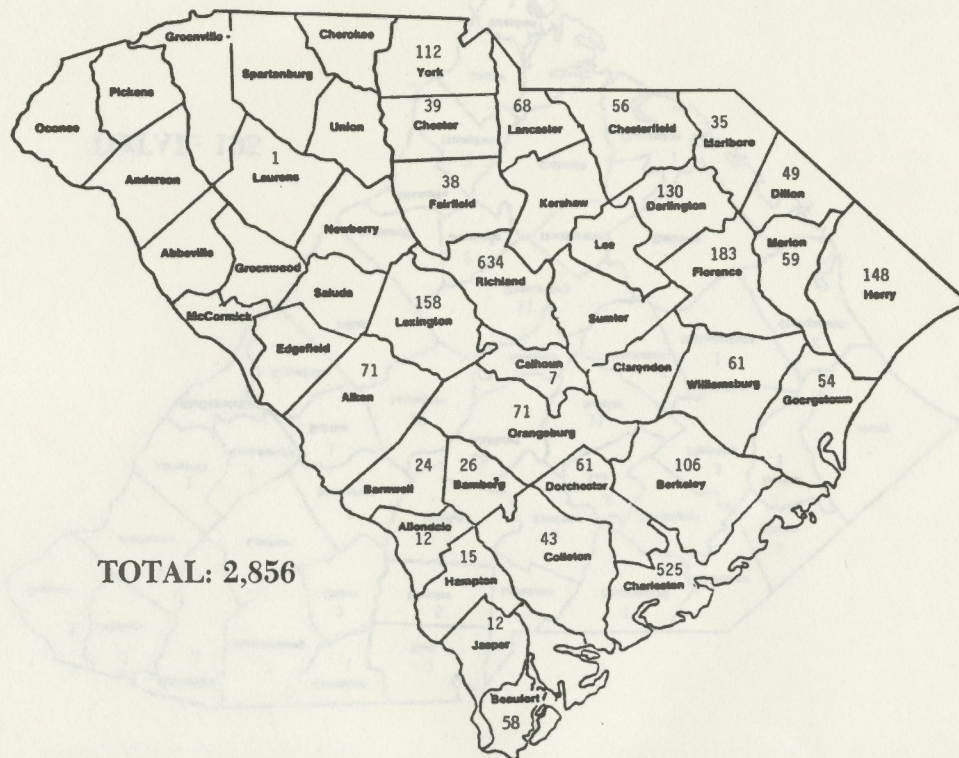


WILLIAM S. HALL PSYCHIATRIC INSTITUTE PATIENTS ADMITTED BY COUNTY, FISCAL YEAR 1983-1984





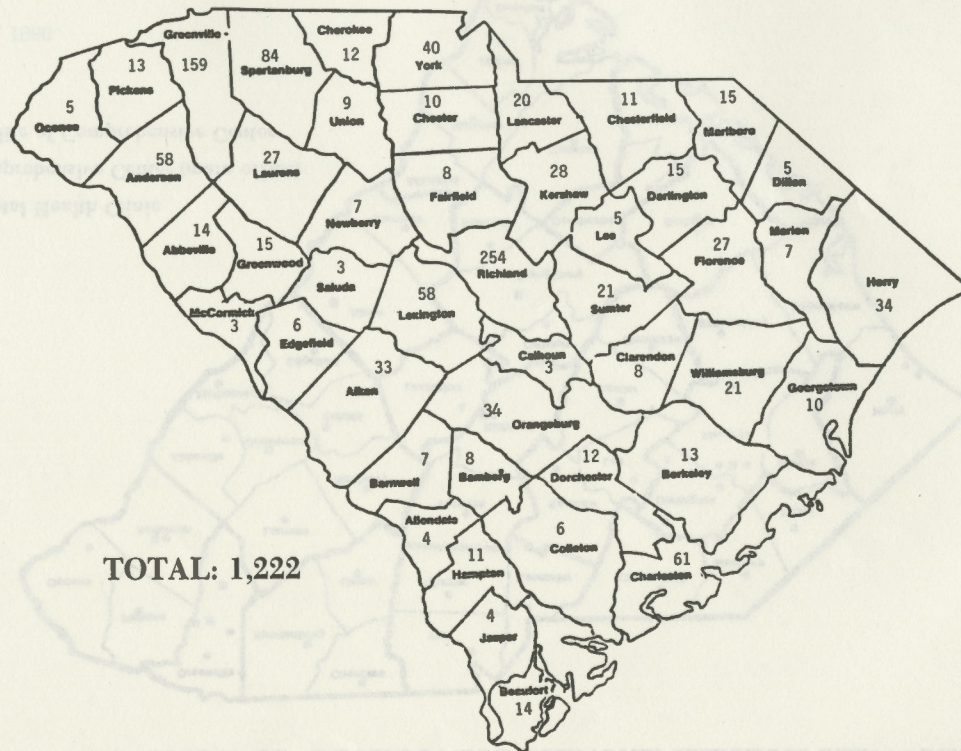
G. WERBER BRYAN PSYCHIATRIC HOSPITAL PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1983-1984



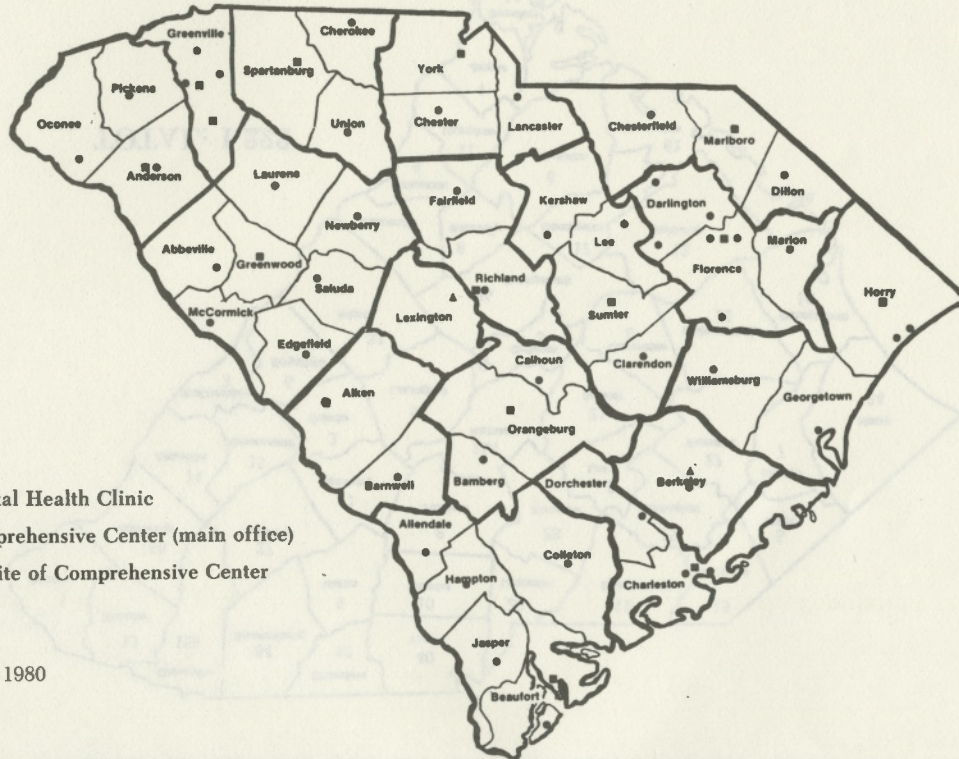
TOTAL: 2,856

MORRIS VILLAGE

PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1983-1984



SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH DIVISION OF COMMUNITY MENTAL HEALTH SERVICES



- ▲ Mental Health Clinic
- Comprehensive Center (main office)
- Satellite of Comprehensive Center

July 14, 1980

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH HOSPITAL SERVICES

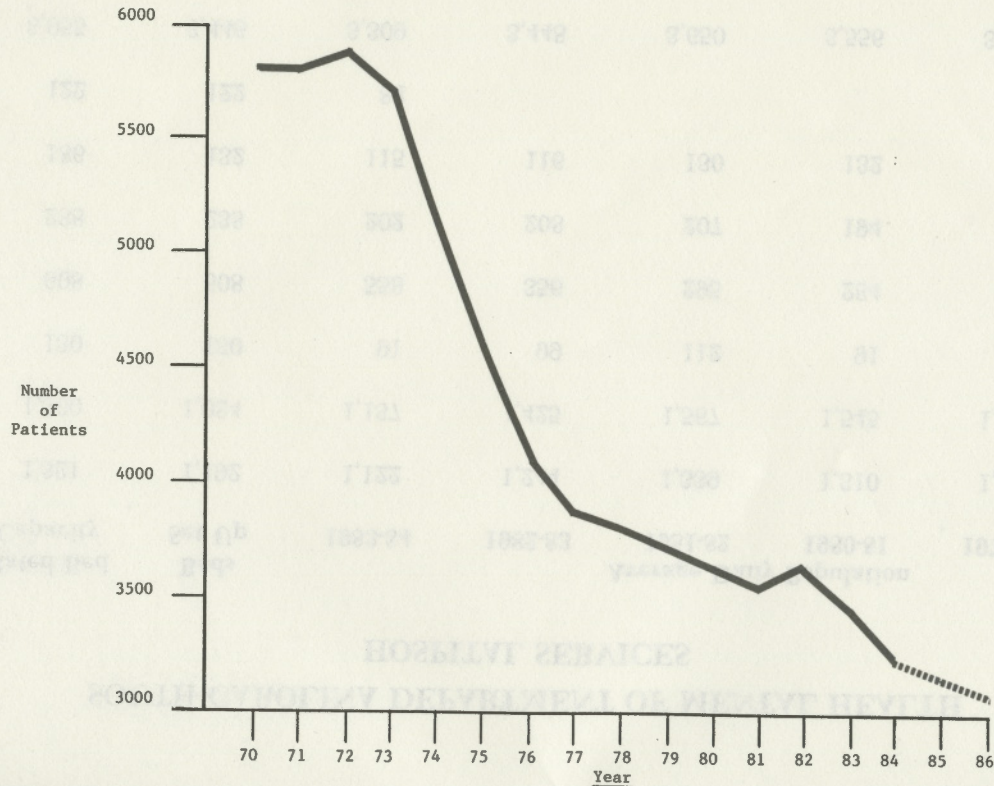
Facility	Rated Bed Capacity	Beds Set Up	Average Daily Population					
			1983-84	1982-83	1981-82	1980-81	1979-80	1978-79
SCSH	1,321	1,192	1,122	1,244	1,339	1,310	1,475	1,569
CFSH	1,300	1,024	1,137	1,425	1,567	1,545	1,510	1,578
WSHPI	130	130	91	99	112	91	89	91
THRC	608	608	558	356	295	284	283	279
BPH	288	238	202	208	207	194	141	80
MV	186	132	115	116	130	132	133	131
DG *	122	122	84					
TOTAL	3,955	3,446	3,309	3,448	3,650	3,556	3,631	3,728

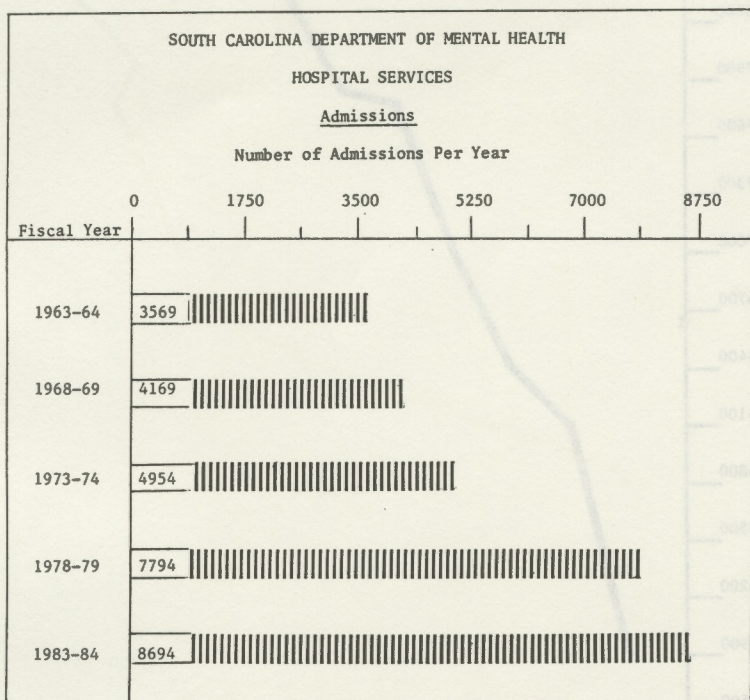
* Opened March 14, 1984

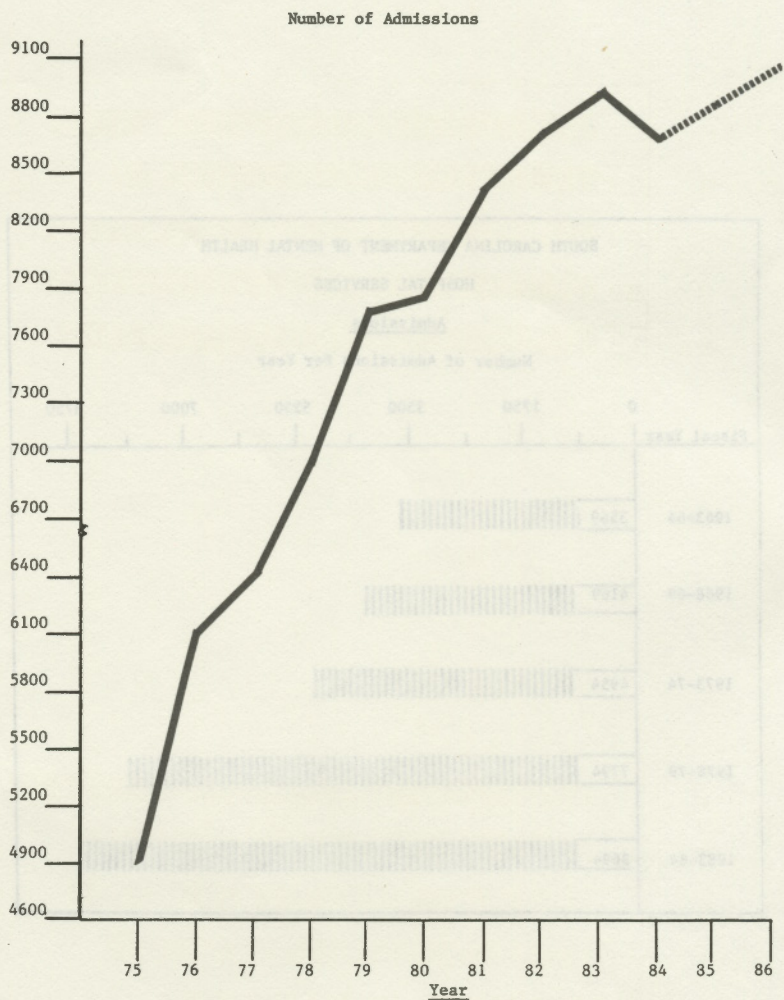
Prepared By Research and Statistics, August 29, 1984

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH HOSPITAL SERVICES

DAILY AVERAGE POPULATION AND PROJECTED DAILY AVERAGE POPULATION

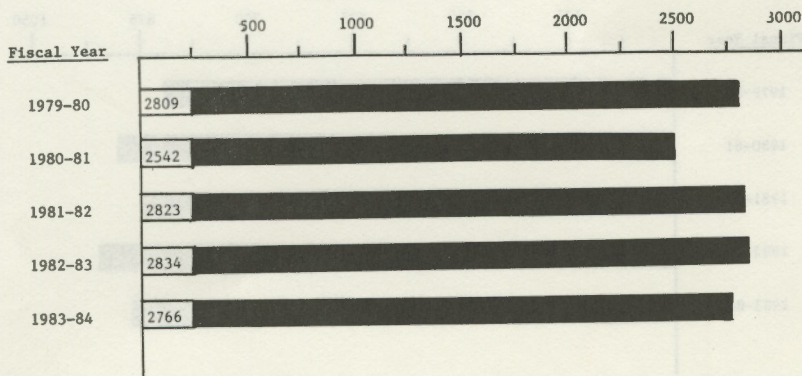




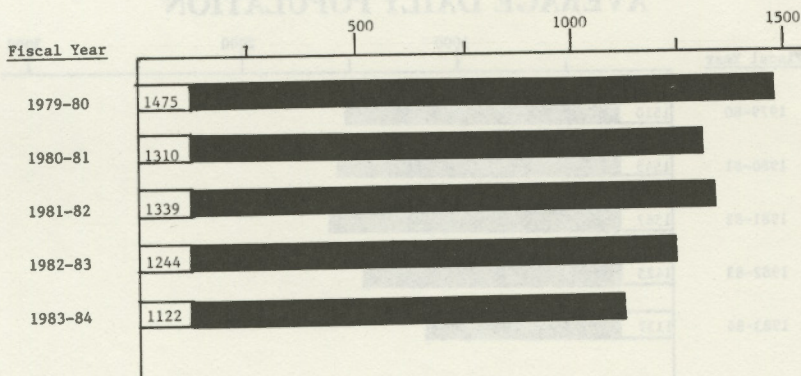


Trend in yearly admissions
Hospital Services, 1975 - 1984
Projected 1985 and 1986

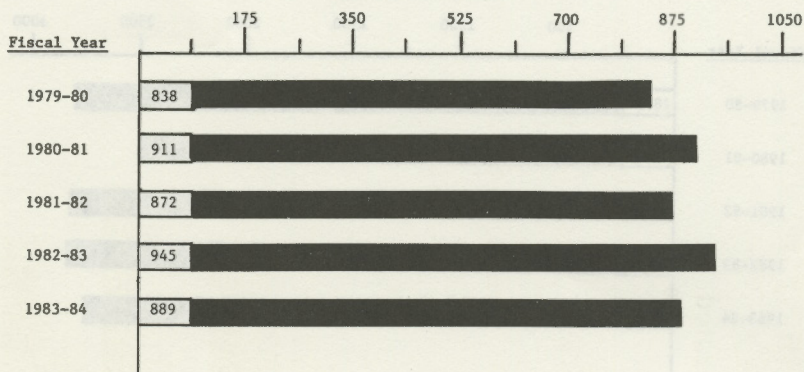
SOUTH CAROLINA STATE HOSPITAL ADMISSIONS



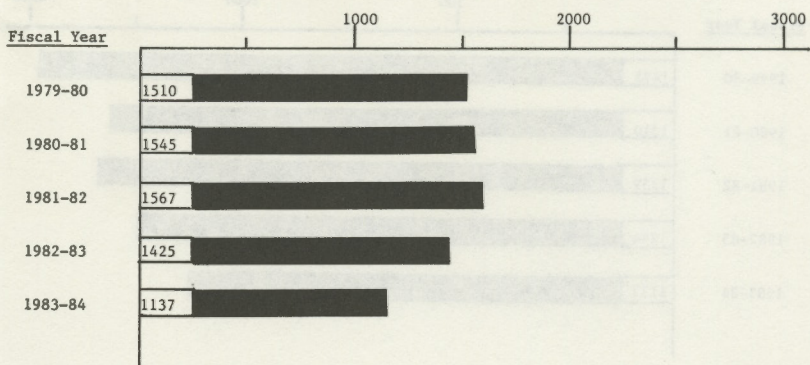
AVERAGE DAILY POPULATION



CRAFTS-FARROW STATE HOSPITAL ADMISSIONS

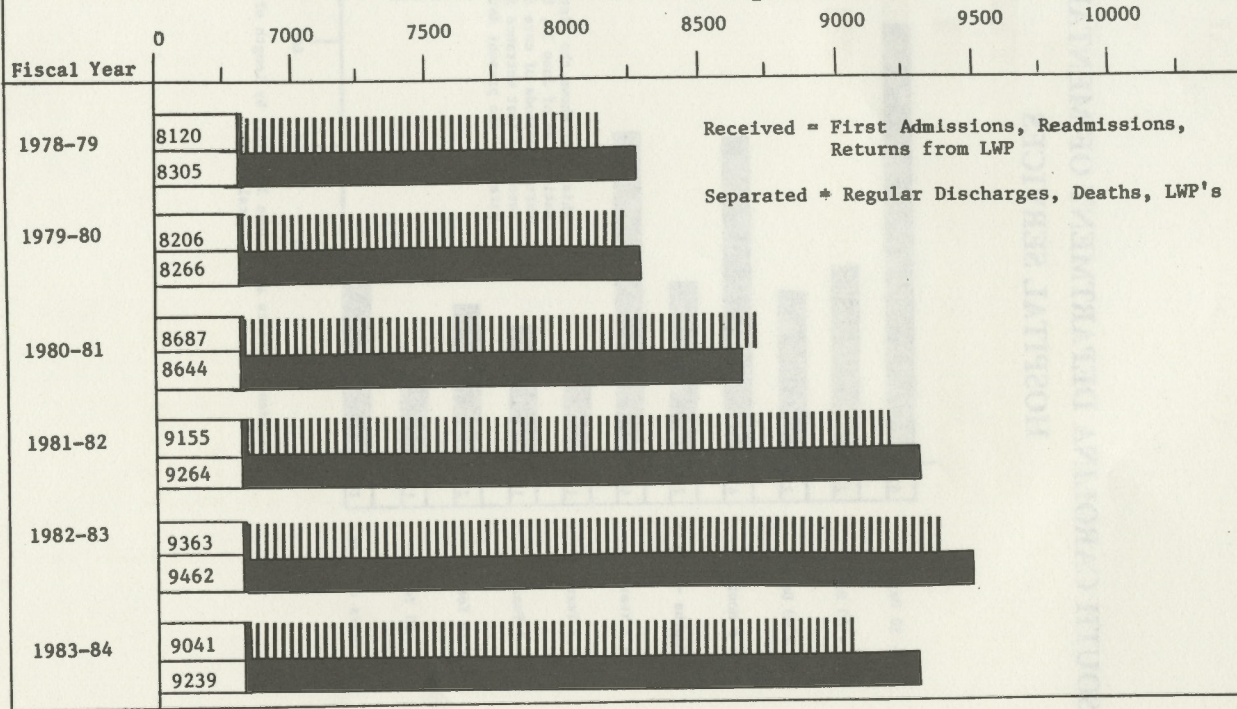


AVERAGE DAILY POPULATION

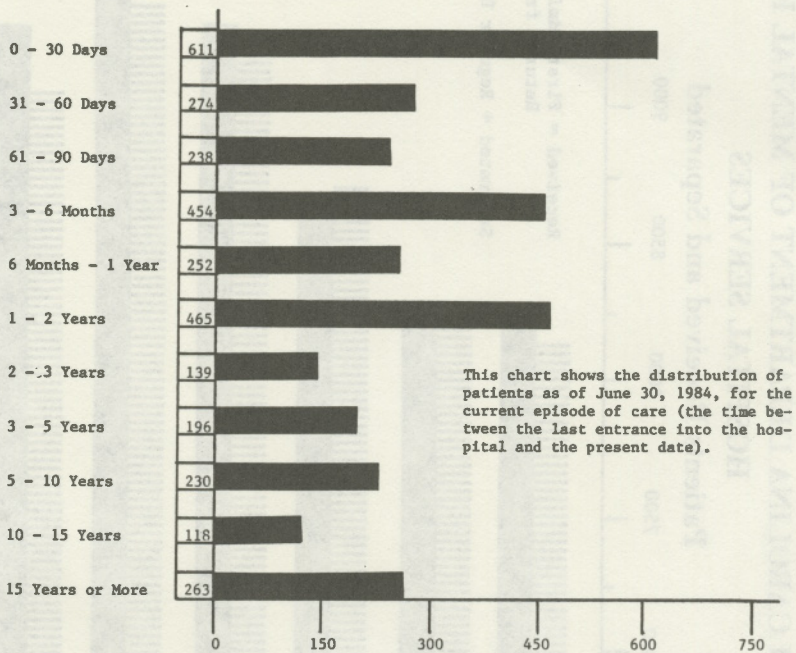


SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH HOSPITAL SERVICES

Patients Received and Separated



SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH HOSPITAL SERVICES



Resident Patients as of June 30, 1984, by Length of Stay
Total 3240

GOVERNOR

SOUTH CAROLINA MENTAL HEALTH COMMISSION

C.M. Tucker, Jr.
Chairman
Pageland/1949

Bernard Warshaw
Walterboro/1967

E. A. Hall, Jr.
Columbia/1976

C. Alex Harvin, Jr.
Summerton/1980

Elaine T. Freeman
Spartanburg/1981

Carol W. Garvin
Aiken/1982

Withe G. Boulware
Rock Hill 1982

John M. Fewell, M.D.
Emeritus
Greenville/1955

G. Werber Bryan
Emeritus
Sumter/1959

OFFICE OF PUBLIC AFFAIRS
AND MINORITY AFFAIRS
Director
J. P. Neal, Jr.

GENERAL COUNSEL
R. Ken King

LEGAL AFFAIRS

STATE COMMISSIONER OF MENTAL HEALTH
William S. Hall, M.D.

ASSISTANT STATE COMMISSIONER
Racine D. Brown, Ph.D.

INTERNAL AUDIT DIVISION
Director
Herbert Walker

DIVISION OF PLANNING
AND PROGRAMS

DIVISION OF ADMINISTRATIVE SERVICES
Deputy Commissioner
Grady B. Wingard

DIVISION OF FINANCIAL SERVICES
Deputy Commissioner
W. B. Floyd, C.P.A.

DIVISION OF PSYCHIATRIC
HOSPITAL SERVICES
Asst State Commissioner
Racine D. Brown, Ph.D.

DIVISION OF COMMUNITY
MENTAL HEALTH SERVICES
Deputy Commissioner
O. Norman Evans, M.D.

DIVISION OF EDUCATIONAL
AND RESEARCH SERVICES
Deputy Commissioner
Alexander G. Donald, M.D.

DIVISION OF ALCOHOL
AND DRUG ADDICTION
SERVICES

DIVISION OF LONG
TERM CARE FACILITIES
Deputy Commissioner
Charles N. Still, M.D.

SOUTH CAROLINA STATE HOSPITAL
Superintendent
Karl V. Doskokil, M.D.
Administrator
Larry D. Leslie

CRAFTS-FARROW STATE HOSPITAL
Superintendent
Rufus E. Medlin, M.D.
Administrator
Claude Connelley

G. WERBER BRYAN PSYCHIATRIC
HOSPITAL
Director
D. Wayne Bickham, M.D.
Administrator
James Lucas

17 CENTERS & CLINICS

WILLIAM S. HALL
PSYCHIATRIC INSTITUTE
Director
Alexander G. Donald, M.D.
Deputy Director
Charles H. Ham, M.D.
Assoc. Dir. for Adm.
Leland M. Stone

EARLE E. MORRIS JR
ALCOHOL & DRUG
ADDICTION TREATMENT
CENTER
Director
C. Edgar Spencer
Administrator
Wayne E. Howell

C. M. TUCKER JR. HUMAN
RESOURCES CENTER
Director
Charles N. Still, M.D.
Administrator
Charles T. Gatch

JOHN M. FEWELL
PAVILION

E. ROY STONE, JR.
WAR VETERANS PAVILION

FRANK L. RODDEY
PAVILION

MENTAL HEALTH EXPENDITURES

FY 1983-84

	Personal Service	Fringe	Operating	Total
I. ADMINISTRATION				
a. Administration	4,914,093	931,296	1,170,429	7,015,808
b. Physical Plant	2,906,217	560,212	1,257,617	4,724,046
II. PSYCHIATRIC HOSPITALS				
a. S. C. State Hosp.	18,232,591	3,416,527	4,682,061	26,331,179
b. Crafts-Farrow	16,592,498	3,177,853	3,836,365	23,606,716
c. Bryan Hospital	5,989,332	1,106,699	1,156,500	8,252,531
d. Byrnes Med. Ctr.	2,054,153	373,326	867,137	3,294,616
e. Dowdy-Gardner	478,155	84,589	196,583	759,327
III. COMMUNITY M. H.	13,769,628	2,478,320	4,292,169	20,540,117
IV. RESEARCH & TRAINING	5,031,729	893,200	995,738	6,920,667
V. LONG TERM CARE	5,723,606	1,094,523	2,019,838	8,837,967
VI. ALCOHOL & DRUG ...	2,343,056	423,043	688,098	3,454,197
VII. SPECIAL PROJECTS				
a. Voc. Rehab.	577,203	106,372	3,443	687,018
b. Instit. Projects	45,666	7,177	33,947	86,790
c. Continuum of Care ...	134,307	18,975	161,197	314,479
d. Emergency Stab.	719,319	125,394	833,804	1,678,517
e. Community Support ...	110,208	21,013	323,517	454,738
f. Canteen	81,673	16,911	187,121	285,705
TOTAL	79,703,434	14,835,430	22,705,564	117,244,428

